

QUARTERLY REPORT

IMPROVING PERUVIANS' HEALTH

Period: April – June 2007

I. INTRODUCTION AND EXECUTIVE SUMMARY

I.1. STRATEGIES DEVELOPED DURING THE LAST YEAR OF PROJECT EXECUTION

In July, national government changed and the new government announced the local health decentralization and the prioritizing of issues such as Health Promotion, Chronic Child Malnutrition, Human Resources in Health and Maternal Health.

This also coincided with the change of the project management and the beginning of the last year of its execution.

Exploratory Evaluation

Taking into account the scenery described above and in order to make some adjustments, it was necessary to do a quick assessment of the project. Until August, the project had been implemented by components, reaching interesting achievements at different levels, but not in a jointly intervention. Some components developed their activities intensively at local level, while others were developed at regional or national level. Until that moment, each component worked with its counterpart without difficulties, but at the beginning of the last year of the project, all the components needed to work at local level. Therefore, it was important to articulate the implementation of the technical assistance.

The following chart shows the advances made by the components per level, as of August 2006.

Chart N° 1. - Exploratory evaluation per levels, as of August 2006.

| Component | Advances per level (as of August, 2006) | | | |
|-----------------------------|--|--------------------|--------------------|--------------------|
| | National level | Regional Level | Local Level | |
| | | | Micro-network | Local Government |
| Normative Mechanisms | Important achievements made with Professional Associations, Faculties Associations, and MINSA. | No activity | No activity | No activity |

| Component | Advances per level (as of August, 2006) | | | |
|---|---|--|--|--|
| | National level | Regional Level | Local Level | |
| | | | Micro-network | Local Government |
| Quality of Care | <ul style="list-style-type: none"> · Information systems for quality · Health care standards · CDC Hospitals | High Quality Technical Teams | CQIP (Continuous Quality Improvement Projects) | No activity |
| Human Resources in Health (RHUS) | Important strategic alliances with IDREH for RHUS policies implementation | Approval of regional RHUS policies and its baseline RHUS technical teams constitution | No activity | No activity |
| Health and Communications Promotion (PROMSA) | Agreements with PUCP regarding virtual courses | PROMSA and Communication technical teams Regional projects in the SNIP (National System of Public Investment) framework | No activity | Development of healthy communities and Health and Health Promoter Schools ODL y ETL Organization PROMSA standards design |

It was important not only to analyze the thematic advance, but also the advances reached by each project Region, and we have found the following:

Chart N° 2. - Exploratory Evaluation per Region as of August 2006.

| REGION | Normative Mechanisms | Quality | RHUS | PROMSA and Communications |
|---------------|-----------------------------|---|--|--|
| Huanuco | Medical Recertification | Good advance in CQIP | RHUS regional policies being implemented | Review of the PROMSA standards with the thematic table of PROMSA. Advances made in Amarilis |
| Junin | Medical Recertification | Good advance in CQIP | RHUS regional policies being implemented | Substantial advances in San Luis de Shuaro. |
| Pasco | Medical Recertification | Good advance in CQIP | RHUS regional policies being implemented | Authorities' indifference prevented advances in PROMSA policies |
| Cusco | Medical Recertification | Regular advance in CQIP | RHUS regional policies approved | Authorities' indifference prevented advances in PROMSA policies |
| Ucayali | Medical Recertification | Advances in Micro Network have not been accompanied by DIRESA | PRAES provides TA to DIRESA with the PPRS implementation considered by RHUS | CTR PROMSA is inoperative. Advances in Coronel Portillo and Irazola. |
| San Martin | Medical Recertification | DIRESA authorities' instability did not allow projected advance | PRAES provides TA to DIRESA with the PPRS (Regional Participative Health Plan) implementation considered by RHUS | Due to political conflicts between RG and DIRESA the CTR PROMSA is inactive Some advances in Juan Guerra. |
| Ayacucho | Medical Recertification | The existence of AMARES Project with a quality component, did not allow us to | Since AMARES Project is already implementing RHUS regional policies, a | PROMSA standards in revision. Advances made in |

| REGION | Normative Mechanisms | Quality | RHUS | PROMSA and Communications |
|--------|----------------------|-------------------------|--|---------------------------|
| | | reach projected advance | decision is made to subscribe an Alliance with AMARES to share technical documentation, allowing AMARES to continue with TA for RHUS | the Iguain district. |

Focusing Strategy

The political instability of some regions did not allow the normal development of the project, and since we were starting the last year of its execution, it was necessary to focus the intervention in those zones with better probabilities of success in order to:

- Achieve the expected results of the project.
- Align the project to the decentralization process.
- Contribute with an integrated and joint proposal from local level to scale-up to the national level.

Therefore, after analyzing the advances summarized in the above charts, and in order to adjust the work since September, we established the following criteria to define the emphasis areas:

- Substantial advances at the local level.
- Substantial advances in all components at the regional level
- DIRESA's authorities' political support
- No interference with other projects in the Region.

Having these criteria in mind, we made the decision to intervene intensively in:

1. Huanuco: Pillcomarca District
2. Junin: San Luis de Shuaro District

Organization for the strategy implementation

In order to achieve an intensive, integral and integrated implementation at the local level, it was imperative to reorganize our teams as follows:

New teams

1. Huanuco Team (RHUS, Quality, PROMSA and Communication components)
2. Junin Team (RHUS, Quality, PROMSA and Communication components)

Components

1. Quality Component for Pasco, Cusco, San Martin, Ucayali and Ayacucho
2. RHUS Component for Pasco and Cusco
3. PROMSA Component for Ayacucho and San Martin
4. Normative Mechanisms Component for the national level

The coordination for Junin and Huanuco teams was assumed by the project Direction, while the components coordinators remained to have the coordination for the other five Regions.

Alignment to the new strategy

This initial proposal was difficult to implement, since changes creates resistances, especially because it implied a change in the organizational culture. The following months were a period for internal negotiation in an effort to align all teams to the achievement of results.

Experts in each component formed the Junin and Huanuco teams, since the design stage were committed to the need of focalization, which allowed a joint work to implement since October.

Joint action plans

We developed joint action plans for intervention for the Junin and Huanuco teams work.

- a) In the case of Huánuco, since there were 3 NGOs already working on the Quality component, the Regional Government, jointly with Futuras Generaciones, MSH and PATHFINDER delimited the intervention fields:
- Futuras Generaciones: MR Aparicio Pomares (Pillcomarca) and EESS of the MR Baños.
 - MSH: Leoncio Prado Network and part of the Marañon Network
 - Pathfinder: 100% de EESS de la Red Huanuco (except for the Futuras Generaciones' field).

In this way, the joint and intensive intervention field moved from Pillcomarca to the MR Amarilis (from the Huanuco Network).

Once the field was delimited, we held joint programming workshops with the participation of DIRESA, the Huanuco Network, the MR Amarilis and the Amarilis local government. We decided to work with a unique intervention team, composed by representatives from all levels. It was easier to develop joint activities because of the proximity of MR Amarilis to the Huánuco city.

- b) In the case of Junin, we held work meetings with the Chanchamayo Network and the MR San Luis de Shuaro to define the action lines and the joint intervention teams. In contrast to the Huanuco team, Junin Network and MR are located 4 hours away from Huancayo; therefore, we defined three implementation teams, one for each level (DIRESA, Network and MR). A joint workplan was prepared with the participation of DIRESA, the Network, the MR, the San Luis

de Shuaro Mayor and Neighborhood Councils. This plan was approved in October by a Regulation from the San Luis de Shuaro Municipality.

- c) The components kept on implementing the WP approved by USAID.

Monitoring as of March

From October to March several events took place, such as the regional and local government elections, the vaccination campaign against rubella, meteorological disasters in the zones of intervention, local decentralization of health function, among others. Consequently, 6 months after the strategy implementation, we monitored the results and we found the following:

- Substantial involvement in the quality management and RHUS, of local authorities and the JVC (Neighborhood Community Assembly) with the MR, was achieved in Huanuco. We found also a substantial commitment from the Social Development Management and Regional Health Office in an effort to strengthen capacities at the local level. The Regional Health Office decided to expand the work performed in Amarilis to the other networks and MR and jointly with the GR defined the necessity to establish a mechanism that allows Regional Health Office to achieve the expected results in Amarilis and expand them to the other districts. As a result, we defined the Management Agreements as the results-based management tools that can assist in meeting this purpose.
- Substantial advances were reached in Quality in the Junin networks, achieving 50% of Health Facilities by implementing CQI processes.
- Substantial RHUS advances were made in Pasco from the Regional Health Office toward the local level, counting with a great participation of the Villa Rica local government and an important leadership of the Health Regional Director.
- Substantial CQI advances were made in Cusco and San Martín at MR level.
- The new authorities in San Martín, Ucayali and Ayacucho did not clearly define health regional policies.
- Communications and PROMSA Components finished in June

Having these results, we decided to:

- Center all efforts in four Regions.
- Implement a strategy that allows linking all project products at the local level. From all the management components of RHUS by competencies, the phase formation by competencies is closely related to the quality technical dimension. On the other hand, one of our work plan's commitment was the implementation of Training Centers for Competencies Development at MR level. Therefore, in the continuous improvement context we decided that these CDC-MR be a link between one of the RHUS management components and one of the Continuous Quality Improvement elements. Besides, it was necessary for this CDC-MR's not only to improve their RHUS competencies, but also to promote healthy habits and behavior in the community, and the improvement of the local management capacities at the local government level. In this way, the CDC-MR would allow connecting RHUS, Quality, PROMSA and local Decentralization.
- Validate Management Agreements between the RG and the LG as a way to institutionalize products achieved by the Project at these levels.

For this last project phase, teams were organized as follows:

1. Huanuco Team (RHUS, Quality, Management Agreements)
2. Junin Team (RHUS, Quality)
3. Pasco Team (RHUS, Quality)
4. Cusco Team (RHUS, Quality)
5. Normative Mechanism Component (Accreditation of Faculties, Periodical Certification, Health Facilities Accreditation).

The present QR will present the advances reached in these four Regions.

I.2. QUARTER BALANCE SHEET

During this quarter, the activities were geared in four Regions: Junin, Huanuco, Cusco and Pasco.

The advances reached in this quarter were:

- The Technical Standard for Health Centers and Supporting Medical Services, enacted on June 4th, 2007, through the Ministerial Resolution N° 456-2007.
- The Peruvian Nursing Association (CEP) National Executive Council defined the competencies of the general nurse.
- On April 14, 19 out of 31 members took the National Nursing Exam.
- ASPEFEEN trained a new peer evaluators group for the accreditation of Nursing Faculties.
- ASPEFOBST performed follow-up visits for the implementation of base curriculum.
- As of June 2007, the Medical Association achieved 42 re-certifications among the 7-project priority Regions.
- In Huanuco, it was initiated the management process based in results, through the signing of Management Agreements between the Regional Government and the Local Government.
- In Huanuco, the Macroregional Workshop for the Design of Tools for the Evaluation of Labor Competencies in Health was held on April 12th and 13th, having also the participation of the Junin and Pasco Regions.
- In Huanuco, 146 people were trained in CQI and 133 CQI projects were elaborated.
- The I Tutors' Training Workshop was held in the CDC Amarilis in Huanuco, where the Villa Rica and Pichanaki tutors have also attended. Twenty-five tutors were trained. The greatest achievement was the exchange learning between the municipality and the health micronetwork.
- Junin and MINSA organized the first workshop for the design of the Quality Management Implementation Manual, with the participation of health workers of different levels of General Health Office, Networks, Hospitals and Health Micronetworks.

- The Junin Region has currently 160 Continuous Quality Improvement Projects, which will be implemented by 174 centers (38%).
- Working with San Luis Shuaro local government in the Junin Region, we elaborated a plan of the district development, called “Organizing the communal surveillance system for the health care of the expecting mother, postpartum patient, new born child and children under 5 years old”. This plan involved the local government, COTEDI, the Network, Educational Institution and Neighborhood and Communal Councils. Some of the projects had the objective of incorporating the knowledge of alarm signs from the high-risk group and the health care quality surveillance into the neighborhood, communal councils and the family agendas. The MR and the Municipality were in charge to lead this process. This Distrital project is in implementation process with technical assistance of ODL, Network and the project.
- Together with the Pichanaki local government, we informed 12 community and native authorities about the importance of the maternal, Perinatal and children’s Quality standards. The Project has identified that the fulfillment of some standards, such as the birth certificate, the active community surveillance, and the shared responsibilities among the health facility, local government and its organizations. We agreed to form and strengthen the communal councils in the health care and health care quality surveillance subjects.
- In Pasco, the NCL and the performance evaluation tools were reviewed with the participation of representatives from the founder institutions (Daniel Alcides Carrion University and Technological Superior Institute), ESSALUD, Regional Health Office, among others. Jointly with experts selected by Regional Health Office, we validated Labor Competence Standards.
- In May, the Villa Rica Municipality funded the Leadership, Self-Esteem and Inter-personal Relationship Workshop for 30 representatives of local institutions (MR, Technological Superior Institute Humboldt, Community and Neighborhood Councils, Local Government Officers).
- In June, we held a work meeting with the Villa Rica Municipality and the MR Villa Rica Management Team, in order to implement the Best Health Worker Award in the MR Villa Rica. The Municipality committed to stimulate with honor medals, public announcement, public ceremony awards, internal tourism and publication of biography extract in the Villa Rica Municipality Institutional Magazine. The Villa Rica MR committed to grant the best worker with two days off and to let him/her participate in the MR Management Working Teams.
- In Pasco, 11 we developed training workshops in CQI, having trained 195 health workers among technicians and professionals out of 87 health centers of the First-Level Health Care (health posts and facilities). We have 57 CQI projects prepared by the health facilities. A micro-network negotiated with the local government a project called “Recovering from nutritional risk, children under three years old of the Chaupimarca-Pasco District”.

I.3. PENDING AGENDA FOR NEXT QUARTER

The July-September quarter will be dedicated to consolidate the project expected products and will strongly develop two strategies related to the strengthening of local development, since they involve local government and its Neighborhood council's active participation.

These strategies are:

- 1.** Center for Development of Competencies (CDC) at micro-network level.
- 2.** Management Agreements between Regional and Local Governments.

1. Center for Development of Competencies at the Micronetwork level (CDC-MN).

Implementation of Centers for Development of Competencies (CDC), represents an operating strategy prepared to dynamism and to decentralize teaching-learning-evaluating activities at the hospitals and micro-network level, as well as their management in the Network and Regional Health Office. In this way, the CDC strategy would be integrated at a technical-managerial level with the CDC, General Health Office and Network, health services level, to the CDC- Hospitals, and CDC-MR, these last in construction process. All of them allow implementation of the development policies for the human resources emanated from regional government in Pasco, Junin, Huanuco and Cusco regions.

At the administrative level, it becomes necessary to adjust the standards at central (Ex IDREH) and regional level of the Regional Health Office. These adjustments should also be clearly stated at the Health Services Networks, where the technical support tasks, evaluation and performance improvement and the strategic conduction of the teaching-learning-evaluation activities in the CDC-Hospitals and CD-MR.

At health services level, it becomes necessary to consolidate in a sustainable way, the CDC-Hospitals, starting with basic equipment to keep the competence, mainly for the health care of obstetric neonatal emergencies. Also, this strategy should be applied for future projection for children emergencies health care, and other supportive health care such as anesthesia, fetal monitoring and bloods bank. Besides, at the micro-network level, it should be prioritize the standards for obstetric emergencies and neonatal through the CDC-MR, as well as to assure basic obstetrical, neonatal and children functions; it is necessary that professional tutors (physician, nurse and midwife) of the CDC-BR receive training sessions at the CDC Hospitals.

Regarding the CDC-MR, three components will be developed: a) a clinic-preventive component; b) a community component and c) a local management component.

Regarding the community component, the CDC-MR will allow to focus the interventions and training-learning-evaluation activities, in order to generate healthy environments in pregnant women's homes and children under 3 years old. Also, in communities with high presence of families with chronic child malnutrition and school classrooms for 4th and 5th levels of high school, to strengthen knowledge of the ovulation day and adolescent pregnancy prevention. This involves a joint work between the Municipality and the Community Neighborhood Council directed by the municipal tutors and the CDC-MR promotion tutor.

Regarding the local management component, the CDC-MR will allow focusing the interventions and teaching-learning-evaluating activities for the validation, and elaboration of performance

evaluation baseline of 1-1 and 1-2 level in the health center personnel. Likewise, the evaluation of the quality management, through the integration of activities and capacities improvement for the quality improvement in maternal-Perinatal health care quality by using key indications FONP, FOB and FIP.

In the region of Huanuco, this component is part of a strategy of a greater local development: the Management Agreements signed between the regional Government and the Municipalities of Amarilis and Cayran. In the Pasco, Junin and Cusco regions, the local management component will operatively expressed in plans of joint action between CDC-MR and the district municipalities from Pichanaki in Junin, Villa Rica in Pasco, Urubamba in Cusco and Margos in Huanuco.

2. Management Agreements between Regional and Local Government

During April to June, the Regional Government, the Amarilis and Cayran district Municipalities, the Huanuco Municipality and the integral health insurance elaborated a management agreement proposal. This involved the review of health problem in the regional health priorities in Huanuco, and locals of the Amarilis network, as well as the revision of the legal-normative framework that enables the execution of such agreements.

The management agreement indicators as well as the parties' commitments were defined at the cabinet, and then agreed with each part that signed the management agreement.

We have a management agreements technical proposal validated and to be able to schedule a meeting for political agreements in the Huanuco and Pasco regions. This proposal was registered within maternal perinatal and children health priorities framework, and gathers in an integrated way through the CDC-MR, the competence developed, quality management and health promotion. It represents a pilot technical-political proposal for local level.

II. ACHIEVEMENTS SUMMARY

COORDINATION WITH THE CENTRAL LEVEL

Coordination for the SERUMS issue (Mandatory rural and urban health services performed by medical students)

It was achieved that the Ex-IDREH considers the “community diagnosis and the community development plan” tools as part of the SERUM physicians report, whose regulation project is currently in process; however, it is necessary that this report will be part of a greater strategy for assigning serum members and human resources development management in the poorest districts. There is a pending agenda to provide technical assistance to the ex IDREH in the elaboration of a strategy proposal on this matter.

Coordination actions with *Cobertura con Calidad* (project)

We made permanent coordination actions with the *Cobertura con Calidad* Project on aspects regarding dissemination and implementation of Maternal Perinatal and Children Standards, as well as health services accreditation standards. There has been an active participation in the macro-regional meetings for diffusion and personnel training in Maternal Perinatal Standards Indicators, and in the elaboration of continuous quality improvement projects. At present, it is been coordinating to perform workshops in August and September to train trainers in maternal perinatal and infantile indicators and standards, also health facilities accreditation standards in each region within the project intervention.

II.1 NORMATIVE MECHANISMS

An important event was the regulation of the Technical Standard for Accreditation of Health Facilities and Supporting Medical Services, which was promulgated on June 4, 2007, by Ministerial Regulation N° 456-2007. After almost one year of amendments and adjustments to the original standard promulgated by the previous government's Health Minister.

The document made official by the Ministry of Health includes, besides the Standard itself, the flowchart, the regulative references and the accreditation standards list for health facilities from category I-1 up to III-1.

The standard becomes a milestone for quality in health, fact that has been widely pursued by the management staff and services providers. They are committed to form a culture of evaluation in quality in the whole health sector. The standard and its regulations was product of a wide technical consensus, which involves all health sub-sectors and other social actors.

From the beginning, the international cooperation was aligned with this standard of national interest; therefore, it is worthy to mention that a key factor was the active participation and the contribution of institutions such as USAID, Amares Project, OPS, HPI, Pathfinder International and lately, MSH.

The International Pathfinder commitment focused in the publication of the standards lists corresponding to the first seven categories or complexity levels, and in finishing the software for the quality measurement and monitoring, as well as in supporting the structures' strengthening that allow the system to work properly.

On the other side, we should also emphasize the important advances made by the Peruvian Nursing Association, in the implementation of its periodical certification system for the professionals in this area. After an arduous work, the technical committee summoned by the National Executive Council has achieved to identify the general nurse competencies, based on a functional chart elaborated with methodological rigor. In the same way, and under the direction of the national dean, a first stage was concluded on information and awareness provided to professionals in nursing in eight regions of the country.

The periodical nursing certification was achieved following the theories of the competencies evaluation, fact that establishes a peculiar way of understanding the model and implemented it, overcoming the gaps and difficulties caused by the normative order and the weak institutionalization of that approach in our country. For that reason, it is advisable the work performed by a competent technical team and leader in the CEP, who achieved in five months what other projects took twice the time to achieve. This process will assure the permanence of a system intended to contribute decisively in the improvement of the nursing professional practice and to be a benchmark in the concert of the professional certification in Peru.

Achievements

Sub-Activity: Strengthen Continuous Quality improvement processes in professional schools and faculties who train health sciences professionals, regarding the MOH services and the health professional practice.

Result: *Role consolidation of ASPEFAM, ASPEFEEN, ASPEFOBST Y CAFME, as well as of Medicine, Nursing and Obstetrics Professional Associations in the construction of a culture of quality evaluation in the professional training and practice.*

ASPEFEEN

On Saturday, April 14, we gave the second National Nursing Exam, ENAE, corresponding to 2006, having the voluntary participation of 19 nursing schools and faculties out 31 affiliated to ASPEFEEN. Three days before the exam, we selected and trained a group of eight suitable people from the technical team, and they were in charge, working as interns, to define the exam.

The ENAE is one of the main products of the work ASPEFEEN have been performing for more than four years. Through the ENAE the nursing students, male and female, are evaluated during the fifth year of training, which in most of the cases corresponds to the internship period. The objective of such an evaluation is to identify the weaknesses that the faculties or schools may have in some areas, in order to provide them with a tool to implement quality improvement processes.

During the first two years, the ENAE has been considered as a pilot. The first year, eight institutions participated and this year we had the participation of 19 institutions. In the ENAE 2007 100% of nursing faculties and schools affiliated to ASPEFEEN participated.

In May a five-day course addressed to 40 nurses was organized, male and female, professors from different universities across the country, which aimed to train a new group of peer evaluators of accreditation minimum standards in nursing faculties or schools. The participants were proposed by their own universities and selected by ASPEFEEN based on previously established criteria. The objective of ASPEFEEN is to have a new group of evaluators to join the existing group and may continue with the external evaluation process performed in faculties or schools at 2004 year-end.

It is important to mention the sustainability character of this activity, as others previously held, in which we had the participation of professors from different universities nationwide.

The mentioned results summed up to the other six great products achieved in the project course:

- ✓ Accreditation minimum standards were evaluated in nursing faculties and schools.
- ✓ Minimum standards self-evaluation processes were installed in 100% of nursing faculties and schools across the country and concluded with 94% nationwide (44 out of 47) and 100% in the 7 intervention regions (9)
- ✓ Group of 26 professors from 12 national faculties and schools, was selected and trained as peer evaluators (first group)
- ✓ External evaluation, in charge of peer evaluators, concluded in 27 out of 47 faculties or schools, nationwide and in 5 out of 9 in the 7 regions.
- ✓ Educational profile for the nursing graduate was prepared based on competencies.
- ✓ Base nursing curriculum focused on competencies.

ASPEFOBST

During this quarter, ASPEFOBST performed the second round of follow-up visits for the implementation of the base curriculum, having visited 5 out of 11 universities considered as pilots. In May visits were performed to the obstetrics faculties of the private universities of Huanuco and Nestor Cáceres University of Juliaca, Puno and in June, to the following national universities: San Martín in Tarapoto, and César Vallejo and Antenor Orrego in Trujillo,

The purpose of the visits was to consolidate technical and political aspects in the curriculum implementation, so we provided training workshops to professors on the syllabic structure by competencies. We held meetings with authorities to maintain their support in the management aspects and we made interviews to students to know the educational initial effects.

While the quality-standardized first evaluations are prepared, the base curriculum will be the tool that articulates the quality improvement actions in two of its substantial aspects: the professor-student-learning media relationship, and the incorporation of a high level of pertinence, especially in those items related to needs of the first level of attention; both aspects are the medullar part of the valuable experience developed in midwifery schools and faculties.

The results obtained throughout the project in the midwifery professional formation area, can be summarized in the following three great products:

- ✓ Educational profile of the midwifery graduate, based on competencies was achieved,
- ✓ Base midwifery curriculums concluded, and they are being implemented in 11 faculties or pilot schools (out of 25).
- ✓ Quality accreditation standards and accreditation guide for faculties and midwifery schools were validated and approved.

ASPEFAM

With the project technical assistance, the ASPEFAM presented a project to the Merck Foundation Grants, approved during May. In the same month, we held a work meeting with the ASPEFAM technical secretary and consultant in charge of the project presented. The objective of this meeting was to exchange opinions on the project mechanisms implementation, and to define the participation of Pathfinder. We made agreements to perform concrete actions even before receiving funds from MSD, such as the Forum implementation in the ASPEFAM Virtual Platform and, through this forum, generate synergies with the CMP Regional Councils and include Medicine Faculties Continuous Medical Education units, among others.

The main objective of the strategy of designing and implementing an e-course on health management for physicians is to promote medical recertification in the seven USAID priority regions. In addition, this strategy is an innovation that will provide those physicians working in remote areas in the country, with tools to improve their professional competencies.

It is worth mentioning the participation of Merck Sharp & Dohme Laboratory in this initiative, since it is an important step in the private enterprise involvement toward health quality assurance.

The cash funds delivery to the ASPEFAM is expected to be received at the beginning of July.

The main products attained by the joint work developed with the ASPEFAM are the following:

- ✓ Twenty-three Medicine Faculties/Schools accredited (out of twenty-nine). In the seven regions: 4 out of 5.
- ✓ Medicine National Exam ENAM, which was made official by the Ministry of Health, by Ministerial Resolution N° 620-2006/MINSA dated July 10, 2006, that establishes that the ENAM will be annually held in the Medicine faculties
- ✓ 4 Medicine National Exams, ENAM: three regular and one extraordinary.
- ✓ Continuous Training Program for Medicine Faculties and Schools
- ✓ I National Medical Education Congress
- ✓ Experimental Laboratory for Evaluation, in construction

Peruvian Medical School Association

The first-quarter activities related to the work done with the Peruvian Medical School Association, are focused on two transcendental aspects for the project and for the Midwifery School Association:

1. Communicational campaigns in the seven priority regions to promote medical recertification, and
2. Technical assistance to develop a study on medical services supply and demand in the country.

1. Medical Recertification

We held two meetings with the regional communicators, in addition to the coordination made in their regions. It was coordinated to monitor the plans agreed with the Regional Councils for the implementation of awareness and communicational strategies, which will permit to increase the number of recertifications in the CMP.

We outlined the work plans considering activities for awareness and incidence. The development of the plans was uneven due mainly to the response from Regional Councils; however, an increase of their participation in relation to the previous period. It is important to mention the communicators' work with all Regional Councils, especially in the production of radial spots. In addition, some Regional Councils committed to fund the emission of these radial spots for additional periods in national radio stations.

Following is a summary of the main advances performed in the Regional Councils:

In the **IV Regional Council, Junin**, technical assistance was provided to the SISTCERE Regional Committee in the designing of the Awareness Workshop for the main health regional authorities (DIRESA, EsSalud, Armed and Police Forces Health Systems, Medical Groups, Social Development Management), whose objective is to involve pertaining authorities in the issuing of policies to foster medical recertification. In order to promote recertification, communications have continued with the revision and validation of the radial spots, as well as the leaflet oriented to the users of services.

In the **X Regional Council, Huanuco**, the coordination meetings with the Regional Dean and the PI communicator resulted in agreements to disseminate communication materials, as well as to continue with the emission of the radial spot and the reproduction and distribution of the leaflet when the project is over. Even though the advance was not as expected, the Regional Council put the Recertification Committee in first place, thus showing willingness to advance in the processes that lead to recertification. Photographic and video sessions were made with physicians in practice to illustrate the school bulletin and the Recertification leaflet. The

dissemination of the spot started at the beginning of June through “Luz y Sonido” and “Onda del Huallaga radio stations. We distributed the informative leaflet to the medical corps of the Hermilio Valdizán and Showing Hospitals. In addition, we performed TV interviews on this issue.

In the **VI Regional Council, Cusco**, we have complied with the agreement regarding communication materials presentation. With our technical assistance in communications, the Regional Council site has also been elaborated, which contains an exclusive link for medical recertification. We distributed about 200 informative pamphlets to users in the Regional Hospital and health centers. A journalistic report for TV was edited on medical recertification. The radial spot was recorded and its diffusion by two of the best-tuned local media started on May 28. The elaboration of official letters of invitation to the recertification for 270 physicians concluded. Likewise, with the help of information systems, an informative bulletin was elaborated and electronically delivered. The bulletin board was updated with the Recertification materials. The Recertification Committee president committed himself to have the Regional Council assume the continuity of the diffusion by media and the pamphlet printing.

In the **Regional XVI Council, Ayacucho**, leaflet delivery through medical corps was approved. The spot on recertification started its diffusion on June 1, by two of the best-tuned local media. As part of the communication plan agreement on recertification, we requested the CMP's scientific societies to deliver their academic activities schedule and responses were received from three of them. This information was converted to an easy-to-read format (PDF) and distributed by the e-mail group. The Regional Council e-mail group was permanently fed and we included topics of interest for the association members, particularly those related with recertification. The leaflet printing cost was co-funded.

In the **XIV Regional Council, San Martín**, the implementation of the communication plan to stimulate medical recertification continued. The Regional Council approved the radial spot for the recertification promotion, as well as the leaflet. A monthly budget allocation was also approved for spot and leaflet diffusion. The Regional Council funded for the spot diffusion starting July in different radio stations from Tarapoto and provinces reaching to a larger number of physicians. Budget was also allocated for the leaflet printing costs and a council representative participated at the different networks for the physician awareness work.

In the **XIII Regional Council, Ucayali**, the communication plan was shared with most members of the Regional Council Recertification Committee, who agreed and decided to elaborate a situation analysis of the physicians regarding medical recertification, based on the database information. We elaborated communication and public incidence strategies. Some informative products such as the leaflet had not been reviewed for their approval yet, that is why the radial spot was not disseminated either.

In el **XX Regional Council, Pasco**, technical assistance for communication was the validation of the recertification leaflet design, which will be distributed by the Regional Council to medical corps and province councils. The recertification radial spot was validated for its diffusion starting the first week of June in the main regional radio stations. The Regional Council will be in charge of the spot diffusion by other media. More than 200 copies of the leaflet were printed for its immediate distribution.

In summary, our support to the CMP in the promotion of medical recertification was implemented and materialized in the seven priority regions. The joint work performed by the

Regional Councils and regional communicators allowed us having a diffusion materials kit adaptable for other regions nationwide. It is important to emphasize that each Regional Council has funded partial or totally the diffusion of some communication materials.

It is expected that the informative and diffusion activities produce a response in terms of increased recertified physicians in the priority regions, in the next months.

So far this year, according to the information provided by the CMP, 42 recertifications have been reached in the 7 priority regions of the project.

2. Supply and demand study

The study “Present and Prospective Analysis of Needs, Supply and Demand of Medical Professionals – Perú, 2007” was developed through technical support from a group of organizations, including Pathfinder International. This study is in its second stage of execution and it aims to consolidate a matrix on the analysis of the employment situation and the estimation of general physicians and specialists needed based on the epidemiological, demographic profiles and the job vacancies existing in the private and public health institutions.

The challenge for the second stage of this study is the availability and use of relevant information, essential matter to discriminate multiemployment, multispecialty and the assistance or administrative condition of the physicians.

Two are the main products resulted from the work performed with the Peruvian Medical Association since 2002 year-end:

- ✓ Improvement of their professional recertification system was achieved, by means of reviewing and readapting the SISTCERE regulation in order to incorporate mechanisms that allow accreditation of continuous education programs valid for professional recertification and to progressively incorporate competencies accreditation. In the new model, the preliminary evaluation mechanisms for professional competencies include evaluation of the professional practice (number of medical appointments, operations, diagnosis procedures and others taking into account if the professional is a general physician or a specialized physician) and an exam of professional sufficiency for those physicians graduated abroad and the ones graduated in medicine faculties or schools not credited by CAFME.

This result has been achieved after a process that included collecting bibliography information and experiences from other countries, as well as the contribution of experts and the achievement of consensus through exchange activities.

- ✓ The elaboration and implementation of software was performed, which intended to facilitate the task of codification and consolidation of the information provided by recertified physicians during the recertification process from the National Council and Regional Councils of the Peruvian Medical School Association.

The Peruvian Nursing School Association

Three major topics have set the progress in the periodical professional certification process in the Nursing School Association:

- ✓ Professional competencies for the general nurse were concluded and important advances in the normalization of the competencies were identified, products that have facilitated to immediately approach the construction of the methodological proposal and the evaluation

tools which should be ready by the end of July. This task is being developed by the Association Certification Technical Committee, with technical assistance from the project and GICES.

- ✓ Definition was prepared of the contents and methodology of the Continuous Education Program that will accompany the periodical certification processes. The training modules are still in process of construction; this activity is in charge of the sub-committee of the CEP Continuous Education, with our technical support.
- ✓ Ten campaigns for awareness and information on the periodical certification process were held in nursing with the participation of nurses from 8 regions (Lima, Callao, Junín, Huanuco, Pasco, Ayacucho, Cusco and Arequipa). These activities were held in close coordination and having the corresponding CEP Regional Councils as local executors. Approximately 700 nurses participated, many of them leaders in their working centers, who, following national guidelines, committed to be multiplying agents on certification. The technical team conducting the awareness and information campaigns was composed by CEP Certification Committee representatives, the national Dean and a project or GICES's representative.

The results described are added to the great products reached in nursing throughout the project:

- ✓ Certification Standard elaborated in the 2003-2004 CEP management and reviewed and approved by the new National Council, management 2006-2008 period.
- ✓ Continuous education process advanced in management issues, quality of practice, maternal-child health and violence prevention.

Peruvian Midwifery Association

Two are the greatest results from the work performed with the Peruvian Midwifery Association since 2005:

- ✓ Periodical certification model based on competencies (SINADEPRO)
- ✓ More than 140 midwives certified by competencies

Other activities in professional certification

On April 23, the **Second Round Table on Professional Recertification** was summoned by the project with two objectives: immediate, to serve as an exchange space for the process service initiated by CEP; mediate, to make an effort to gather a knowledge baggage and national experiences of professional exercise auto regulation, susceptible of being systematized and shared.

The Public Accounting Association, ex member of SINADEPRO from Midwifery Association, the Nursing Association, and a GICES representative attended the round table. A result important to mention from this activity is the proposal made by the Peruvian Public Accounting Association representative to create a network constituted by professional associations working in the construction of professional recertification systems. The main objective of this network is to serve as technical support for the functioning of State organizations in charge of the professional exercise regulation.

Quality Executive Direction of the Ministry of Health (DECS)

After almost a year of revisions of the accreditation standard approved by former MINSA management, the Accreditation Technical Standard was approved by MINSA Resolution N° 456-2007 on June 4, which will enable to finish the standards package to assure accreditation and quality improvement processes sustainability.

The approval of this Standard has originated a set of meetings summoned by DECS to plan the standard launching and implementation given its significance for the country. USAID, PI, Amares Project, OPS, HPI and recently MSH, counterparts for technical assistance on this issue, coordinated the standard launching and implementation at the national and the regional levels, after ratifying their commitment for its diffusion. The PI commitment is the publication of the list of standards belonging to the first seven categories or complexity levels, as well as the software elaboration for quality measure and monitoring. Both tasks are about to be finished.

The DECS and partners' main interest was the preparation steps for the official launching of the standard. The Standard sets a milestone for health quality; its launching was a transcendental fact for the country and had been longly waited by management members and health service providers interested in creating a culture of quality evaluation in the health sector. The Standard and its regulations resulted from a wide technical consensus, which involved all sub sectors and other social actors and its launching is expected to be a political fact expressing willingness to start the transformation of health services. That is the concept the MINSA senior management team has and it is expected that the Minister treat the standard as a government priority in his talk, as well as to mention the commitments assumed by MINSA for its implementation.

Sub-Activity: *To establish the basis for a quality assurance system in higher education both region and nationwide scope.*

Result: *Competencies Formulation, standardization elaboration and operative structures construction for the higher education quality assurance.*

Set of initiatives for the Higher Education Quality, GICES

During this quarter GICES continued developing actions oriented to politically and technically insist in issues related with higher education.

We can emphasize two aspects in this field:

- ✓ Contributions to SINEACE Regulation, delivered to Education Ministry as well as to Education Forum.
- ✓ Elaboration of a Higher Education Law Draft Proposal (in process), which would be presented to the State Congress as an alternative to the University Law which is presently being debated.

In the field related to its technical assistance role, the following activities have been performed.

- ✓ Fulfillment of the Public Accounting Association Certification program.
- ✓ Technical assistance for the CEP certification process.

- ✓ Course on certification provided to Professors of the Enrique Guzman and Valle (La Cantuta) Universities.

The most important products achieved with the joint work with GICES are two:

- ✓ To become an expert group on the higher education and professional certification issues, occupying an existing niche and gradually gaining the respective recognition.
- ✓ The SINEACE Law promulgation.

The SINEACE Law promulgation is expected to happen in July, which will enable the implementation of this important system that should provide quality assurance at different levels of education in our country.

It is worth to note that ASPEFAM and GICES signed a collaboration agreement comprising three work lines: An electronic bulletin, a self-evaluation and accreditation course – workshop and a strategic collaboration line to produce political agreements between ASPEFAM, CAFME and GICES stimulating SINEACE implementation.

Peru Center National University (UNCP)

The work being performed with the UNCP was retaken in two action fronts: with the Educational Quality Accreditation and Certification General Office (OGACCE), whose highest staff was changed, and with the Food Industries Engineering Faculty in an articulation teaching – service – community experience. In the first case, we facilitate a coordination meeting with the OGACCE's present and former directors. In the second, a first exploration and planning visit was made to the San Luis de Shuaro district.

The continuing of the quality improvement processes initiated in the UNCP is assured with the new team that will conduct OGACCE for two years. The meeting held allowed stating the advance of the university, now determined to define institutional standards, which were formulated to pilot faculties and would start self-evaluating processes in August. We renewed the commitment to continue providing technical assistance with GICES in the methodological aspects. An elaboration of a new work plan will be made, once the OGACCE team reinforces its operations.

Although continuity is assured by the political willingness of the university's higher staff and by the progress made in the pilot faculties, the changes in work teams and the consequent transfer produced an objective reduction in the processes speed. The measures recommended for the processes to regain speed and to reach the motivation level in order to initiate self-evaluation in August were to form a support instance and to hold frequent plenary meetings of the commissions for faculties' accreditation.

By the other hand, in coordination with FILA, the first visit and planning meeting was with technical assistance of development projects—primarily focused on the fight against child malnutrition, in San Luis de Shuaro. Technical assistance provided directly to FILFA is a decision resulting from the priorities established by the UNCP for the faculties' accreditation. This faculty is part of the pilot and one of the most engaged institutions in the process of standards formulation and self-evaluation methodology. It also develops the pertinence issue clearly. Because of that, a channel for coordination to establish alliances with community, local government instances and

sector execution was in the perspective of projects related to population food safety and others of productive development.

The first visit to San Luis de Shuaro was made on June 1° and it has been useful to make contact with local authorities, organized community representatives, responsible persons for the educational security and health services, in order to know the district priorities in terms of food-nutritional aspects and technological needs in the agricultural production. The visit has let us confirm the high level of community organization and the deep existing health deficiencies, in spite of the efforts made to become a healthy municipality.

The facilitation given is starting to produce results with the formation of an influent monovalent group highly motivated to work with the community. After analysis in situ and considering district potentials and weaknesses, priority has been placed in working with workshops producing yucca, banana and pituca starch in order to contribute to improve the little children feeding, and also with nectars and jams to develop a production line with native products (carambola and cocona), with the Municipality support.

This activity has a strategic leading potential for the university and for the region. The intention is to establish a modeling alternative to strengthen the approach between social actors regarding improvement aspects of food safety production. The formative purpose for the undergraduate related to specific service to the San Luis de Shuaro community has started to be addressed according to the priorities outlined in their development plan, specifically related to child malnutrition.

Difficulties found

The obstacles found this quarter are due to medium and long-term problems related to the slowness in the structures formation. In the normative mechanisms for quality issue, this is particularly important, because the government has not made concrete actions to generate related structures for innovations in the standards and regulations. The delay in the SINEACE Law's reglamentation and in the Health Centers Accreditation Standard, are examples of this problem.

It is also important to note that in the last section of the Cooperative Agreement, a contradictory situation arises between the increase in activities related to results and the physical impossibility to attend them, given the size of the team in charge.

Lessons learned

Some lessons from this quarter are:

Related to professional practice improvement:

The consolidation of the professional recertification processes improved assuming important consensus regarding models based on the actual competencies and professional practice improvement, creating clear and consciously models that support strategies based on the power practice.

Related to health professional formation quality improvement:

The learning achieved in the course of technical assistance provided for the curricular reorientations and for health associations and faculties accreditation, has created a methodology susceptible to be applied in other professional careers, all those having directly connected to social development.

Related to the health centers attention quality improvement:

The national need to consolidate the service accreditation process and health centers at all levels, is still part of a social construction; it is true that it starts with the government action through MINSA. But, for these to become a user's need and an institutionalized demand, there is a need for strengthening social awareness and mobilization. An interesting thing is that paradoxically, accreditation should be useful for that development.

Related to civil society involvement in the quality improvement issue:

The GICES experience and the achievements made at political incidence and technical assistance levels, both individually and through alliances established with institutions as important as the Educational Forum and the National Education Council, show the fundamental role the civil society plays in transcendental issues for the country as it is the education quality assurance.

II.2 HUANUCO

POLITICAL INCIDENCE AT A REGIONAL GOVERNMENT'S LEVEL, REGIONAL HEALTH COUNCIL, DIRESA AND LOCAL GOVERNMENT

During the last quarter, we have been able to obtain the opening to and from the Regional Government of Huanuco related the work done in the Region. We must emphasize the support received from the Social Development Management, through its Manager, Mr. Augusto Vásquez, who has participated directly during the joint work between the health services and health activities supported by Local Governments. This is the case of the Amarilis Municipality which hired with its own budget, a health professional to work in the CS Carlos Showing Ferrari, a health facility which fulfills Essential Obstetric and Neonatal Functions and requires expanding its capacity for health attention. Also, the Social Development Management has contributed to start a new process participating actively in the elaboration and signature of Management Agreements between the Regional Government, where the DIRESA actively participates and the Local Governments of: Municipality of Amarilis and Municipality of San Francisco de Cayran; both municipalities are immersed in the delimitation of the Amarilis Micronet, from Huanuco. Augusto Vásquez Solís, Social Development Manager, stated that this experience would be a model to remark in other districts of the department, and to articulate the strategy of the Project “CRECER” to reduce chronic child malnutrition.

The President of the Regional Government of Huanuco was informed about Pathfinder's activities undertaken with USAID's funds, related to Quality Improvements, Human Resources, Information Systems and CDC's Micro Networks. He showed his disposition and commitment to support the initiatives developed by accelerating the signature of the Management Agreement between the Regional Government with the DIRESA and the Local Governments.

In relation to the Regional Health Council, chaired by Dr. Heriberto Hidalgo, they have defined their mission, functions and roles committed within the framework of the decentralization, actively participating in the extension of the Regional Concerted Health Plan from 2007 to 2015, as well as the approval of the human resources' policies.

IMPLEMENTATION OF POLICIES FOR HUMAN RESOURCES IN HEALTH UNDER THE APPROACH OF COMPETENCIES AND CONTINUOUS IMPROVEMENT

Achievements and/or Progress in the identification of competencies

Considering as an input the approved document of Huanuco, the Labor Competencies Standards for the I Level Health Care, Category I-2 and the Occupational Profile, and continuing with the RHUS Management process, the Macro Regional Workshop took place in Huanuco for the Design of the Tools for Labor Competencies Evaluation in Health, from April 12th to 13th. The products reached at the workshop were:

- We had the participation of 37 representatives of the technical teams of the following regions: Junin, Pasco and Huanuco.
- Forty five checking lists were designed in the following areas: Child, Pregnant and Adolescent
- Eight questionnaires were designed in the following areas: Child and Pregnant
- Each region established their own working schedule, taking into account the course of action in process of standardization and evaluation of labor competencies.

Achievements and/or Progress in the Labor Competencies Standards

Because of the Macro Regional Workshop, taken place in Lima on February 7th and 8th of this year, Huánuco assumed the goal of continuing with the process of the standardization of labor competencies in health for I-level health care, category I-2. It was decided by the Management Team of RHUS DIRESA, Huanuco Health Network and Amarilis Micro Network to work the important Labor Competencies Norms in the areas identified in the Functional Map (Person: child, adolescent, adult, pregnant, family, community and social environment, and management).

The RHUS Management Team agreed to develop the Regional Workshop on the 12th and 13th of April with the following results:

- Participation of 83 social actors, experts in the following areas: person, family, community and social environment and management, Management Teams of RHUS DIRESA, Network, Micro Network, and basic team of health facilities, Regional Government, Adult Regional Council, Regional Hospital Hermilio Valdizán, National University Hermilio Valdizán, Huanuco University, Superior Technologic Institute Aparicio Pomares, Initiatives, Women's Promotion National Network, Civil Society.
- Twenty-Nine Labor Competencies Standards were reviewed and 36 were designed in all the areas identified in the Functional Map.
- Was elaborated the Occupational Profile

We must emphasize the importance of the Labor Competencies Standards and the Occupational Profile as a result from the regional workshop and the working meetings held with the teams to revise the work done and approved by RD N° 272-07-GR-HCO-DRS-DG-OEGDRH-DESP (See Annex 4), dated 30 May 2007.

Achievements and/or Advances in the Labor Environment

Considering it an important process, which allows knowing the internal environment of the organization, the Health Facility Carlos Showing, applied the organizational environment survey to the health facility workers, in order to know the completely permanent characteristics, which describes the organization, distinguish it from others and influence in the people's behavior. For this reason, the MR Amarilis developed the following actions:

- The RHUS of the MR Amarilis presented the advances in the analysis of the results of the environment of the organization.
- They considered analyzing the dimension: Stability/change, Clarity/innovation.
- The Management Team of the MR Amarilis, decided to work first the organizational environment, as a continuous improvement process, which will be integrated to the CDC - MR

QUALITY MANAGEMENT

Achievements and Progress in the Continuous Quality Improvement

The DIRESA of Huánuco was organized in three Health Services Networks; and Pathfinder intervened in the Continuous Quality Improvement (CQI) in the Huanuco Network. MSH is working in the Leoncio Prado Network. The Marañon Network does not count yet with an own organizational structure and it is practically leaded by the DIRESA of Huanuco. This situation

makes it difficult the sustainability of the activities taken place in this area. In the following chart, you will find the intervened facilities.

Health Facilities of the Huanuco Network where the project has worked¹

| MICRO NETWORK | HEALTH FACILITIES | HEALTH CENTER |
|------------------------------|---|----------------------------------|
| JESUS | HF JESUS | H.C. San Miguel de Cauri |
| | | H.C. Jivia |
| | | H.C. Antacolpa |
| RONDOS | HF RONDOS | H.C. Seccha |
| | | PS. Iscopampa |
| | | H.C. Wuariwuain |
| | | H.C. Cosma |
| | | H.C. Pilcocancha |
| BAÑOS | HF BAÑOS | H.C. Huarin |
| | | H.C. Queropalca |
| | | H.C. Santa Rosa |
| | | H.C. Paracsha |
| | | H.C. San Juan de Nupe |
| | | H.C. Caramarca |
| MARGOS | HF. MARGOS | H.C. Yacus |
| | | H.C. Jesús de Nazareth de Cochas |
| | | H.C. Llamapashillum |
| | | H.C. Pacayhua |
| | | H.C. Yarumayo |
| | | H.C. Chaulan |
| | | H.C. Andas Chico |
| AMARILIS | HF PAUCARBAMBA HF PERU - COREA | H.C. Paucar |
| | | H.C. La Esperanza |
| | | H.C. Malconga |
| | | H.C. Cayran |
| | | H.C. Huancachupa |
| | | H.C. Llicua |
| SANTA MARIA DEL VALLE | HF SANTA MARIA DEL VALLE HF TAMBILLO | H.C. Pachabamba |
| | | H.C. Churubamba |
| | | H.C. Tambogan |
| | | H.C. Utao |
| | | H.C. Pagshag |
| QUERA | | H.C. Quera |
| | | H.C. Llacón |
| | | H.C. Sirabamba |
| | | H.C. Pomachuco |
| | | H.C. Tambo de San José |
| | | H.C. Ratacocha |
| ACOMAYO | HF ACOMAYO | H.C. Chinchao |
| | | H.C. Pillao |

¹ From R.E.R.N° 135-2006-GRH/PR

| MICRO NETWORK | HEALTH FACILITIES | HEALTH CENTER |
|--------------------------|-----------------------------|------------------------------|
| PANAO | HF PANAO HF CHAGLLA | H.C. Huarapatay |
| | | H.C. Huacachi |
| | | H.C. Molinos |
| | | H.C. Huarichaca |
| AMBO | HF AMBO | H.C. Conchamarca |
| | | H.C. Cochapata |
| | | H.C. Chaucha |
| | | H.C. Sacsahuanca |
| | | H.C. Tomayquichua |
| | | H.C. Nauza |
| | | H.C. Maraypata |
| HUACAR | HF HUACAR | H.C. Colpas |
| | | H.C. Yapac |
| | | H.C. Angasmarca |
| | | H.C. Moscatuna |
| | | H.C. Acobamba |
| | | H.C. Cayna |
| SAN RAFAEL | HF SAN RAFAEL | H.C. San Juan de Utcush |
| | | H.C. San Fransisco de Mosca |
| | | H.C. Tres de Mayo de Rodeo |
| | | H.C. Chacos |
| | | H.C. Matihuaca |
| | | H.C. Cochacalla |
| | | H.C. Santa Ana |
| | | H.C. Ayancocha Alta |
| 12 MICRO NETWORKS | 14 HEALTH FACILITIES | H.C. Santo Domingo de Rondos |
| | | 66 HEALTH CENTER |

In the second quarter, the health personnel training was completed in the Network of Huanuco related to knowledge and administration of Children Standards; also capacities were strengthened in the management of Maternal and Perinatal Standards and the conceptual and methodological aspects of the continuous quality improvement were developed.

List of quality trainees: April to June

| TRAINING TOPIC | PROFESSIONAL PROFILE | | | | TOTAL |
|--|-----------------------------|--------------|------------------|---------------|--------------|
| | Nurse | Obst. | Physician | Others | |
| Maternal Perinatal Children Standards and continuous quality improvement | 57 | 58 | 8 | 23 | 146 |
| TOTAL | 57 | 58 | 8 | 23 | 146 |

This training made it easy to update the Maternal Perinatal Standards, according to the latest RM, supporting the implementation of this standard, starting from the raising of the base line of these standards and later on the correct use of them.

It has been achieved motivation has been to the staff personnel of the 80 Health Facilities from the Network of Huanuco in the development of the continuous quality improvement, specified in the elaboration and execution of the MCC projects. A relevant aspect is to have impelled the attitude of these workers through the auto evaluation of the quality services.

Improvement projects' consolidation by standard's type

| TYPE OF STANDARD | PROGRESS | | | TOTAL |
|------------------|----------|----|----|-------|
| | A | B | C | |
| MATERNAL | 4 | 54 | 26 | 84 |
| CHILDREN | 12 | 31 | 6 | 49 |
| TOTAL | 16 | 85 | 32 | 133 |

A: MCC Project in design phase

B: MCC Project in implementation phase

C: MCC Project finished

As part of all this process to install the continuous quality improvement in the health facilities, the running of the SIP was strengthened in all the micro networks of Huanuco; also support was given with the CD for the installation of the FONB in all the micro networks of Huanuco.

Progress was made to unify the criteria for the development of the continuous quality improvement process with the Ministry of Health (MINSA), in order to prepare a joint proposal for the improved projects' formulation, according to MINSA's guidelines. Working Sheets were designed and they can be observed in the methodological unification.

They also advanced in the installation of a culture of continuous improvement, a personal attitude, which affects the lives of every health facility's staff.

There is a permanent assistance from the Quality Health Responsible of the Huanuco Network during the visits to the health facilities; this shows the political willingness from representatives of the Huanuco Network in the development of quality activities.

Progress was made in the training and consultancy of management and tidying up of the necessary information to feed the quality auto evaluation process. This information is very important for the running of the Quality Management System in the Health Services Network.

Within the framework of the decentralization process, the local governments are being motivated to improve the maternal-perinatal and infantile areas in their health facilities.

Achievements and Advances in the Accreditation of Health Facilities

During this quarter, we held a meeting with the whole team of the DIRESA of Huanuco to start with the Accreditation Process in the Region Facilities, in view of the approval and standardization of the new standards. In this meeting, conceptual and methodological aspects were displayed in order to run this process and steps were suggested, being one of them, the internal evaluators' training from the Micro Network Amarilis, issues to be fixed by July. We should point out that in November 2006, training sessions were provided to all the Micro Networks of Huanuco, related to the suggested standards, and which have been modified. The health staff knows the process of these general matters that will allow a quickest progress.

Competence Development Center –CDC – Micro Network –MR

The CDC-MR of Amarilis and Margos from Huanuco are being implemented; one has the characteristic to be in the urban and peri-urban environment and the second one in the rural area. The diagnosis in Amarilis has been completed, with follow-up visit in order to raise observations and gaps. In June, was given priority to the improvement of the service organization and management of inputs according to standards; also, it was assigned a proper room for the CDC-MR, and duly formalized the appointment of 6 professionals as health tutors and 3 municipal administrators as musician tutors of the CDC-MR. The place of Cayran has been identified for the evaluation of health environment models.

In the CDC-MR of Amarilis took place the I Workshop of Tutors Training, where participated tutors from Villa Rica and Pichanaki. The training in technical and basic methods for carrying out model classes has been obtained as a product. The biggest achievement is the training between the municipality and the health micro network, as well as the identification of problems and training needs for the best local interventions. Twenty-five tutors from the different head offices were trained.

In the CDC-MR of Margos, a follow up visit took place and another of pre-qualification. An outstanding progress was reached in the organization of services, which were managed within the framework of the development of the application fields for the performance improvement of the staff personnel and the base team staff but mainly as basic environment for educational activities in service. Seventy percent of the observations were corrected and qualification has been programmed jointly with educational consultants of Hermilio Valdizan University. In addition, the Municipality of Margos is involved through the assignment of municipal tutors and the resources co-management to equip the Health Facility with an ultra sound machine. A meeting has been set up to start jointly activities on maternal-infantile problematic and the child malnutrition.

CDC – HOSPITAL

The complementary work to be performed by the CDC Hospital, besides the training to the health staff of the Region, will be to provide training to the CDC Micro Network Tutors, in order to strengthen, update and expand periodically their competencies in order to carry out the local training in each micro network. The methodology of the process is being defined and tutors responsible of the CDC-Hospital. In the case of Huanuco, they count with the CDC- Hospital at the Hermilio Valdizán Hospital, which has been evaluated and approved by IDREH. They will start the training process with the tutors of the CDC – Micro Network of Amarilis and the CDC – Micro Network's staff of Margos.

OBSTACLES

- Social disturbances because of strikes, blocking access to roads, caused in the department, restricting the normal development of the activities.
- The national agenda sets the regional agendas, mainly due the decentralization process that the country is experiencing, summoning to working meetings with the participation of regional teams, being the same target public for the processes implemented in Huanuco, through the project.

LESSONS LEARNED

- The political support from the authorities who lead the process, guarantees the sustainability of the same. The civil society, the Management teams from DIRESA, Network, and Micro Network are motivated to give continuity to the process started in Huanuco on 2003.
- The strengthening of the capacities to the implementing teams of the DIRESA, Health Network of Huanuco and Micro Network of Amarilis, assures the technical sustainability of the process.
- The participation of the civil society assures the social sustainability.

II.3 JUNÍN

Achievements

POLITICAL INCIDENCE AT THE REGIONAL GOVERNMENT, HEALTH REGIONAL COUNCIL, DIRESA AND LOCAL GOVERNMENT

An important achievement with the Regional Government and the Health Provincial Council was to make them participate in the homogeneous conceptual workshop held in the Chanchamayo Network, in order to organize quality management processes, implement the RHUS and health promotion areas within the framework of PCRS (Regional Concerted Health Plan). The participation of the actors aligned the different health actions and local and provincial priorities.

During this quarter, technical assistance was given through technical meetings with directors of the DIRESA, Networks and Micro Networks, teams and quality and human resources' responsible. This is strengthening the articulation and synergy strategy of RHUS and Quality actions

The advanced process with the formulation of the Labor Competencies Standard and planning of continuous projects improvement, mobilizes the technical teams of different levels to work together to reach the users satisfaction and to obtain the expected results in the sanitary indicators.

A parallel strategy in the assistance has been the formulation or adaptation of technical documents which norms the RHUS policies and the quality management system. The administrative and technical assistance staff of the DIRESAJ, Network and Micro Network, participated in this process, including the Local Government of San Luis de Shuaro.

Also, included in the technical assistance agenda were issues related to the health decentralization. Meetings were held with the Regional Government – Regional Management of Social Development (GRDS), Regional Councils and DIRESA Junín, which allowed them to be informed and be provided with tools related to the present decentralization process.

Some technical assistance and coordination actions, at the regional level, were made jointly with MSH and HPI. This enabled them knowing the contents, progress and duration of technical assistance and the contribution of each one for the region's development.

The full working days of the national vaccination, the indefinite strike and the changes of some directors in the regional government, and some Networks and Micro Networks, were the issues which delayed the conclusion of the products.

Within the framework of the ending of the project, special attention has been taken in the consolidation of information, instruments and evidences for the systematized transference of the process, in RHUS and Quality Care. These instruments are being used by the technical teams of DIRESAJ and Chanchamayo Network, to develop sensitized processes in the corresponding levels.

IMPLEMENTATION OF POLICIES FOR HUMAN RESOURCES IN HEALTH FOCUSING COMPETENCIES AND CONTINUOUS IMPROVEMENT

At the Regional level, coordination was made to prepare the evaluation tools of the Labor Competence Standard with the participation of the technical teams of DIREASJ, Networks, Micro Networks, members of CTRHUS and the Local Government of San Luis de Shuaro, with a total of 11 participants from the region. This process proved the necessity to adjust the Pregnancy, Puerperium, Neonatal and Children Labor Competence Norm. For this purpose the DIRESAJ elaborated a work plan in the Pichanaki and San Luis de Shuaro CDC MR in the period of July to September, 2007.

The performance evaluation tools will enable strengthening the whole Region and specially CDC Micro-network to encourage evaluation, training management and certification based on competencies.

The best-worker selection guidelines are in implementation process in the Chanchamayo Network, who has been successful in awarding 9 workers in the Network. This Norm has been socialized with its 4 micro-networks, and presently, it is in process of becoming official by means of a Municipal Resolution from local government of San Luis de Shuaro. Necessary adjustments are being made to implement competencies criteria, once approved by the Labor Competency Norm.

QUALITY MANAGEMENT

This quarter coordination with DIRESAJ, Networks and Micro-networks was intensive, in order to finish the training process in maternal perinatal quality standards (FONP) and children quality standards (FIP) in the Chanchamayo Network; since activities in this zone were stopped by the heavy rains. In the Networks of Valle de Mantaro, Jauja, Satipo and in some micro-networks, emphasis was placed on revision and adjustments to the continuous improvement projects, which enable observation of the needs of technical assistance and quality responsible people to monitor continuous improvement quality projects implementation. Unfortunately, the planned actions to develop capacities in this line were stopped because of the starting of the health workers' strike.

Achievements and/or Advances in the SGC

A first workshop was developed on the quality management implementation manual with participation of health workers at different levels DIRESA, Networks, Hospitals and Micro-networks, which allowed us to gather contents for the manual elaboration. This space showed the participants the need of joint work with different areas, strategies and directions to sustain quality and to identify and formulate their functions or roles inherent to them. We have the preliminary manual document which is being reviewed with the DIRESAJ and MINSA; the final document will be socialized in a regional event and then followed up to be official. The technical assistance for this process was obtained from an alliance with MINSA – Quality Direction in the framework of supervision facilitated by the coverage with quality project.

At the Satipo and Jauja Networks level, after technical meetings held with the management and direction teams from Networks and the impulse from the DIRESAJ, the formation of the quality management teams has become official.

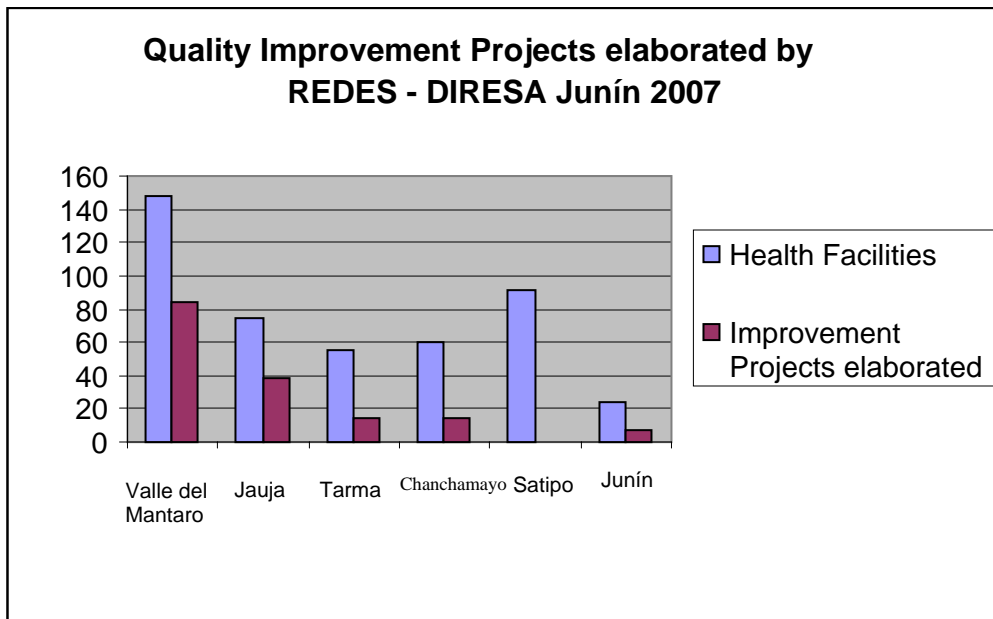
At micro-networks and some other networks level, the institutionalization of FIP standards has been achieved. This process is still pending at DIRESAJ and MINSA level.

Achievements and/or Advances in MR and Hospitals

The Junin region counts with 454 facilities. With training performed in PMCC elaboration methodology this last quarter, we have at present 160 Quality Continuous Improvement Projects elaborated which is equivalent to 35% EESS of the region, which will be implemented by 174 facilities (38%), since there are 4 collaborative projects. The following table shows projects per Networks, in the Satipo Network; even though 27 MCC projects were formulated, such projects have not been officially reported.

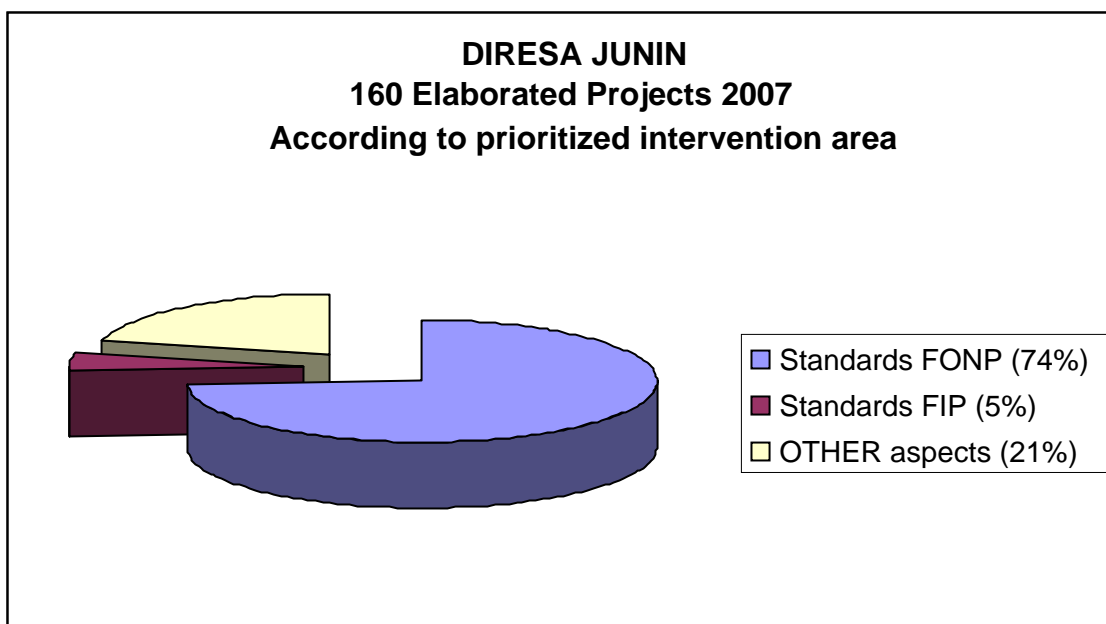
Advances in Continuous Improvement Projects per Networks in the Junin Region

| Networks | No. EESS | MCC Projects | Advance | Observations |
|---------------------------|----------|--|---------------------------------------|---|
| Valle del Mantaro Network | 148 | 84 | 57% | The designed projects are related to user's satisfaction during labor health, community based surveillance system, integrated children health care, alarm signs during pregnancy, labor and puerperium, timely recruitment of pregnant women, making the access o laboratory analysis easier for pregnant women and others related to the service organization. |
| Jauja Network | 75 | 39 | 52% | |
| Tarma Network | 55 | 15 | 27% | |
| Chanchamayo Network | 60 | 15 | 25% | |
| Junín Network | 24 | 7 | 29% | |
| Satipo Network | 92 | 27 Elaborated in workshop but not officially reported yet | 29% | |
| Total | 454 | 187 (160 reported) | 35% of advance according to evidences | 41% of advance according to workshop evidences |



From 160 projects elaborated:

- 118 projects are oriented to improve some of the maternal-newborn quality standards/indicators FONP.
- 08 projects are oriented to improve some of the children quality standards/indicators FIP.
- 34 projects oriented to improve other aspects.



Monitoring the implementation of continuous quality improvement projects is indispensable to verify changes and promote its institutionalization in health facilities. This process is in its initial stage. A lesson learned from the following up of some projects is the need to open a space that allows communicating the achieved changes to all health facility staff and the need to more

efficiently organize time and human and financial resources.

In the Pichanaki Micro-network special attention has been given to articulate implementation of the project “*Mejorando la atención integral del niño y la niña*” (*Improving children’s integral health care*), with intervention of CDC-MR’s tutors. We have also identified some training needs for technical personnel for the implementation of the guide for integral health care of children.

Achievements and/or Advances in SR and CR

The DIRESA Junín has held technical meetings to promote the usage of software that shows the implementation of reference and counter-reference system. The articulation with quality management is being made since the implementation of the continuous improvement projects, especially those related to the organization standards of the communal surveillance and the acquaintance with the alarm signs and symptoms during pregnancy, of newly born and children. Community authorities and organizations (neighborhood and communal councils are being involved in these projects).

The evaluation of this process was scheduled for June, but due to a strike of the health sector, it has been re-scheduled for July.

Achievements and/or Advances in SS Accreditation

Coordination has been made with the DIRESA Junín in joint intervention with MSH to promote selection and training of internal evaluators. The DIRESA Junín will promote the process after its participation in the macro regional accreditation event summoned by MINSA.

Achievements and/or Advances in GL and community participation in the CQIP.

This quarter we were successful in involving local government of the districts of San Luis de Shuaro, Pichanaki and the provincial government of Chanchamayo. These leaders participated speaking about their functions related to the health subject and have also shared with health workers information on the health actions projected in their development plan, the financing mechanisms and the participative budgets as well as financial sources to improve health in their localities.

Both actors have exchanged key information and expectations related to health, arriving to the conclusion that even though local governments are interested in carrying out health actions, their efforts had been focused only in infrastructure improvements. As a result, health workers posed the need to approach projects for development of capacities, as a strategy accompanying the infrastructure improvements. Given this situation, the conclusion is that participative budgets are a great opportunity to channel improvement projects related to human resources and quality. Technical assistance is important in the formulation of projects with quality and RHUS contents and in the SNIP framework.

It has been possible to elaborate jointly with the San Luis de Shuaro local government, a district improvement plan “Organizing the community-based surveillance system for the health care of the pregnancy woman, woman in the postpartum period and child under five”. This plan involves the participation of the local government, the COTEDI, the Micro-network, Educational Institution and neighborhood, communal and family councils. Some of the project actions are intended to incorporate in the agenda of neighborhood and community councils and families, the acquaintance with the risk group alarm signs and the surveillance of health care quality. The conducting role of this process was in charge of MR and the Municipality. The district project is in process of implementation with AT of ODL, Micro-network and the project.

With the Pichanaki local government, 12 communal and native authorities have become aware of the importance of the mother-newly born and children quality standards. In this technical meeting the community leaders stated the need to know some quality criteria to be able to demand a quality health care from the health facility, but also they identified that the fulfillment of some standards as the birth certificate and active communal surveillance was a shared responsibility between the service, local government and its organizations. As a result, it was agreed for a new meeting to socialize information on health care quality and CDC strategy, before the Municipal Council and the Mayor to promote the formation or strengthening of the neighborhood councils in health care and the health care quality surveillance. The conducting role of the whole process was in charge of the persons responsible for the quality and the childhood stages of the MR Pichanaki, with TA of the project.

CDC.MR

In April a diagnosis of the CDC-MR Pichanaki was performed, identifying a gap of 71% for the “excluding” indicators, 55% for the “non-sentry” indicators and 25% for the “sentry” indicators. Likewise, a task agenda was prepared to solve all observations reported. The applications were mostly in clinic-prevention aspects while they were limited in the “action with the community” component. The Micro-network assigned 06 health tutors and the local government assigned 2 district municipal tutors, who participated in the “I Workshop for Tutors Formation” and were trained in the elaboration of pattern classes.

The advances in the measurement of quality standards and indicators were noticeable; however, there is still a pending agenda to improve the organization of Pichanaki Hospital services. The participation of the DIRESA’s management staff and the Network was very active during the proposal launching; but we have only seen participation of junior technicians for information recollection and agenda elaboration for the follow-up process during implementation of the CDC-MR.

DIFFICULTIES FOUND

1. Due to the national vaccination campaign, the health strike and removal of directors and technical equipment of some Networks and quality responsible staff (Chanchamayo and Jauja), we had to reschedule activities.
2. The lack of time and funds for monitoring the continuous improvement projects on behalf of the DIRESA Junin staff in charge of quality and Networks; added to a poor interest in the integral supervision process, made it vulnerable the implementation of the continuous improvement projects.
3. The articulation and empowerment process of the RHUS and Quality actions at DIRESA Junin and Network level is in constant tension with the still vertical management of MINSA.

LESSONS LEARNED

1. The technical assistance to implement the quality management system, RHUS policies and CDC_MR strategy requires involving not only our performance-based speakers and technical teams, but all workers. The formulation and adjustments to the NCL (Labor Competence Norm), the design of the SGC implementation manual and the best worker selection guidelines, are processes that have achieved more involvement of these actors.

2. All DIRESA Junín levels promoted the development of the guarantee and quality improvement component with great efforts, achieving the elaboration of the continuous improvement projects based on FONE, FONP and FIP quality standards. In this regard, the training actions resulted strategic, not only to finish the projects, but also to understand and measure more precisely the quality standard. The great challenge for the DIRESA Junin is to achieve implementation of continuous improvement projects and to facilitate the institutionalization of changes achieved, and on that basis, to generate culture towards quality.
3. The advances in the RHUS implementation and SGC achieved so far are key supports for the development of the CDC-MR.

II.4 PASCO

POLITICAL INCIDENCE AT REGIONAL GOVERNMENT, REGIONAL HEALTH COUNCIL, DIRESA AND LOCAL GOVERNMENT LEVELS

Due to the work performed by the Pasco Region team, it is conscious that for achieving institutionalization and sustainability of the processes worked in a participative way, it is necessary to place in agenda and in the actions taken by local and regional authorities, the following issues:

- Implementation of Policies for Human Resources in Health,
- Quality Management and implementation of Continuous Quality Improvement projects,
- Center for Development of Competencies CDC Micro-Network,
- Promotion of Health.

Based on this, we held several meetings for awareness, coordination, and work with Regional Government authorities, Health Regional Council, DIRESA, Oxapampa NETWORK, Villa Rica MR and Villa Rica Local Government.

Regarding the Regional Government, we coordinated with Social Development Management to have their political and technical support in the processes worked in Villa Rica.

The Health Regional Council (CRS) has achieved to maintain some of its Thematic Tables functioning; our TA has promoted the strengthening of its technical and coordinating role.

The DIRESA maintained the commitment of Management Team members as well as of many workers, since they actively participate in the technical, administrative and political support.

The articulated work between the Oxapampa NETWORK and its Micro-networks has been strengthened, especially the Villa Rica MR with Local Government (Villa Rica). Proof of this is a greater approach between the health services and the local government.

Finally, it is very important to emphasize the great commitment and devotion showed by authorities and Villa Rica Municipality workers, who consider health and education the axis of social development, and that is the reason to work together for Villa Rica development and progress

IMPLEMENTATION OF POLICIES FOR HUMAN RESOURCES IN HEALTH FOCUSING ON COMPETENCIES AND CONTINUOUS IMPROVEMENT

As in previous quarters, the Management Team members at different levels: DIRESA, Oxapampa Network, Villa Rica MR and Villa Rica District Municipality showed great commitment and dedication to work in the implementation of the different policies of Human Resources in Health.

Guidelines have been prepared on work organization and implementation, as a result of the articulated work performed by the different social actors.

We reorganized the Human Resources in Health Management Team of Network Oxapampa by Directorial Resolution N° 067-07, and it has several work sub-commissions to facilitate the implementation of Policies of RHUS at local level.

Achievements and/or Advances in competencies identification

The Pasco Region has elaborated, after different work meetings, the Competencies Profile for the I-Level Health Care Category I-2. For the identification of this Competence Units, we took as an input the product worked in the Macro Regional Workshop “Identification and Normalization of Labor competencies” organized by the DIRESA Junín and held in February 2007 in Lima, which implemented the contributions made in a participative and concerted manner.

Achievements and/or Advances in the NCL

Pasco Region, already counts with some Labor Competence Norms related to Pregnant Woman and Child and in June they will elaborate Labor Competence Norms related to Training Management.

Among the different work meetings, we can mention:

- Revision of the Methodological Guide for Adjustment of the I-2 Labor Competencies Norm at the Daniel A. Carrion University (April 2007), with the participation of formative institutions’ representatives (Daniel A. Carrion University and Superior Technological Institute), ESSALUD, DIRESA, among others.
- Experts selected by DIRESA validated the Labor Competence Norms. The Superior Technological Institutes representative showed interest in adjusting his professional curricula according to new occupational profiles and the Labor Competence Norm.
- Work meeting with representatives from Pasco, Junin and Huanuco Regions to establish a Work Plan in RHUS-CDC MR and Quality as of September, 2006 and implement the NCL application. It was decided that until September, 2007, work would be performed by Pregnant Woman, Child and Management competence unit. Based on the Competency Unit selected, we would elaborate the Labor Competence Norm and would design the evaluation instruments to start working on the first performance evaluation by labor competencies in the Villa Rica MR. The target public of the Villa Rica case would be 23 workers in the health sector, which work in the First-Level Health Care I-2.

Achievements and/or Advances in the evaluation of competencies

For August 2007, the Villa Rica MR has programmed to perform the performance evaluation of I-Level Category I-1 and I-2. In this evaluation, as inputs they will have the Labor Competence Norms and its corresponding evaluation tools, elaborated by their own working equipment. In the Villa Rica CDC MR, the personnel not achieving yet the required competencies according to the evaluation result will be trained. In the same manner, it is expected that the Local Government Authority recognize workers with better performance.

Achievements and/or Advances in the participation of local government in the RHUS policies

We held a workshop in Villa Rica with Communal Health Agents and Local Government to disseminate RHUS actions. The Villa Rica Local Government organized the workshop and it had the participation of 25 Health Communal Agents. The RHUS actions developed in the Pasco Region and its local strategies were disseminated. The issues were the following: RHUS Management and Decentralization, Advances, Challenges and perspectives, Path Sheet of RHUS

actions.

In May, the Villa Rica Municipality held the Leadership, Self-Esteem and Interpersonal workshop, sponsored by the Local Government. Thirty representatives of local institutions attended this workshop: MR, Institutor Superior Technologic Humboldt, Communal and Neighborhood Councils, as well as Local Government officials. We had a lecture given by an expert from a prestigious superior institute of Lima city. Among the themes exposed are Leadership, Self-Esteem, Interpersonal Relations, Communication, among others.

In June, we held a Work Meeting with the Villa Rica Municipality and the Villa Rica MR Management Team for the implementation of the Best Health Worker Guideline of the Villa Rica MR. The First Regent of the Municipality, the Municipality Manager, the Chief for Social and Community Matters attended the meeting. Even though the Mayor showed great interest and commitment with this work, he could not arrive to Villa Rica due to a strike in the central road. An agreement was made for the Villa Rica Local Government to promote the implementation of the Best Health Worker Guideline of the Villa Rica MR and that the Award Ceremony should be in the Week of the Coffee in Villa Rica (July 22 to 29). The Municipality made a commitment to promote this event with Medals of Honor, public announcement, granting of the award in a public ceremony, internal tourism promotion and publication of a biographical account in the Villa Rica Municipality's Institutional Magazine. The Villa Rica MR committed to grant a paid two-day leave and to permit the best worker to participate in the Work Team of the MR Management Team.

In addition, on June 21, in the Municipality of Villa Rica, we made the selection of the civil society representative for the conformation of the Qualification Committee in the election of the best worker in the Villa Rica micro-network. The Villa Rica Distrital Municipality summoned the representatives of the neighborhood councils and the mayors of the small towns to a meeting. The local councils choose their representative. They will be official by means of a formal document and will be presented to the RRHH office of the Villa Rica micro-network.

It is important to recognize and to congratulate the great commitment of the Villa Rica Local Government who is present in the Health actions and coordinates the work with Villa Rica MR.

Achievements and/or Advances in the selection, evaluation and incentives guidelines

Pasco already has an Incentives Guideline (Election to the Best Health Worker), approved in December 2006. In August this year, this Guideline will incorporate the approach of competencies since the corresponding NCL will be designed and the performance evaluation by competencies will be made.

The Human Resources Performance Evaluation and Selection Guidelines are being prepared and the approach of competencies will be incorporated. It is expected that by the end of August Regional Decree approve this year its elaboration is finished and them in September, 2007.

Achievements and/or Advances in other subjects and human resources guidelines

The DIRESA Pasco requested technical assistance to elaborate its **policies in health research**, reason why in the months of May and June we held workshops where we had the participation of representatives from the health sciences faculties of UNDAC, Institute of Research, DIRESA, Network, Carrion Hospital, Professional Schools of Health Sciences, Regional Government. We agreed to have 07 Lines of investigation in health and RHUS. Among lines of proposed investigation is maternal and children mortality, child malnutrition, environmental pollution, styles of healthful life, and others. The DIRESA and the University showed interest in supporting the lines of investigation to be official, through Regional Government.

With Directorial Resolution N°068-07 in April, the Guideline for the Suggestions Mailbox is made official in the Oxapampa Health Services Network, tool that will allow better channeling the suggestions and recommendations of the internal and external user with active participation of the health workers and Members of the RHUS Committee.

With Directorial Resolution N°069-07 in April, the Training Guideline is made official in the Oxapampa Health Services Network, tool that will allow channeling the workers' actions in an efficient, transparent, equitable form, based on the effective national normativity,

In August 2007, the DIRESA Management Team will finish the Induction to Human Resource Guideline.

QUALITY MANAGEMENT

Achievements and/or Advances in PMCC in MR and Hospitals

The DIRESA Pasco monitors and guarantees the sustainability of the SGC processes through the Strategic Planning Office. Relating to the achievements in MCC we have:

- Between April and June a total of 11 training workshops in processes of MCC have been developed, training a total of 195 workers health having technicians and professionals from 87 I-Level Health Care Centers (posts and health centers).
- We now have 57 improvement projects formulated by the health centers, referring to the maternal perinatal and children indicators (FONP, FIP); projects involve the total of sub-micro-networks or districts, gathering a 90% of trained centers.
- The technical team of the Direction of Integral Health Care - Quality of the DIRESA Pasco has consolidated its organization and competencies to foster the MCC processes.
- 01 micro-network (center) has negotiated its project with the local government. Name of project: "Recovery of the nutritional risk in children under three years of the Chaupimarca - Pasco district".

CDC.MR

During this quarter, we implemented the strategy CDC Micro-network, and after performing a self-diagnosis by means of established standards and indicators, we identified a gap for the qualification of a CDC MR that allows guaranteeing teaching and learning processes by means of a personnel-training program of all the micro-network and evaluation based on competencies profiles. The intervention of the CDC-MR has made it possible exercising the quality standards measurement and the update of the SIP, inputs that are being analyzed and, based on them selecting the best processes to serve as models to be used as teaching tools.

In addition, improvements in the CDC MR have been very significant, which has additionally helped in the categorization process that the Villa Rica Hospital is presently performing. Likewise, tutors have remarkably improved their tutorial abilities after their participation in the Regional Workshop for Tutors Formation where tutors from the Hospital as well as the Villa Rica Municipality have managed to prepare and to give their model classes elaborating their own education material. Nevertheless there is still lack of Neighborhood Councils models and housing for teaching and learning activities in PROMSA, being pending the selection and improve of other model fields.

DECENTRALIZATION

The Pasco Region has been one of the regions of the work field that has shown greater interest and commitment to implement the decentralization guidelines issued by the Ministry of Health, Secretariat of Decentralization of the Cabinet of Ministers Presidency. The commitment of the Regional Health Direction has surpassed the normative emission. Even before their publication, it had already established coordination and work meetings with local authorities of diverse Local Governments of the Department of Pasco, to socialize the decentralization process of the health function at local level, to define possible intervention field or Pilot Projects and to reach work agreements coordinated between the Regional Government, Regional Health Direction and Local Governments.

In summary, the position of the Pasco Region authorities before the Decentralization of the health function at a local level is proactive and at the same time, proposal producer, so that the processes develop in the best way, with participation of those directly involved the Regional and Governments.

Following we indicate some of the main activities in the implementation of the health decentralization process:

Technical Assistance Meeting for implementation of the pilots in health decentralization at local level. April 2007

We held this meeting with General Direction DIRESA Pasco, Director of the Project Improving Peruvians' Health PI, and Representatives of HPI Initiatives of Policies in Health. The DIRESA Pasco already had identified districts that could be selected as pilot projects; among them are Paucartambo, Pozuzo, Villa Rica, and others. It was also demonstrated the interest and knowledge of the procedures for the local decentralization, the DIRESA Management Team has. In addition, having received the request we agreed that the Project Improving Peruvians' Health would support in their reach, the diffusion and feedback of standard related to this subject.

Permanent socialization of normativity and proposals on Health Decentralization. Revision of Pasco Regional proposal. May and June 2007.

We sent permanent new information on decentralization and health reform to the General Direction and Management Team of the DIRESA Pasco. The information included effective normativity, proposals from the Board of Decentralization of Cooperating Entities and some articles related to the subject. In addition, we made a review on the criteria used for the selection of the Pilot Decentralization Projects Pilot in Pasco after which, the possible Pilots would be the Local Governments of Paucartambo, Pozuzo and Yanahuanca. The other Local Governments with greater score is Villa Rica, Tusi and Bolivar

Technical assistance to the DIRESA Pasco for presentation of experience in Panel "Advances in the Process of Local Decentralization" as part of the "I National Workshop with Regional Governments within the framework of Decentralization and Rectory in Health 2007" May 2007.

We made permanent coordination with the General Direction of DIRESA Pasco, giving some recommendations on the content and forms to present the work experience in Decentralization emphasizing the work performed in Villa Rica. The presentation sent by Pasco was reviewed and it some slides were elaborated in order reflect ideas-strength in the local work, achieving the Municipality of Villa Rica - MR-Network Oxapampa - DIRESA - Regional Government articulated work to be demonstrated in Human Resources aspects, Quality Management, Health Promotion.

OTHERS

COMMUNICATION IN HEALTH SECTOR

Technical assistance to the Regional Council XX Medical School for use of diffusion and socialization strategies of the recertificación process

We designed a radial spot presenting the professional quality of the doctor is before its patient. The Spot on recertification was validated and recorded for its diffusion in the main radio stations of the region starting the first week of June. The Medical Association through its communicators will manage the diffusion of spot in other means. In addition, the recertificación committee president will agree a meeting with the Regional Manager of Social Development.

We elaborated and validated a leaflet with the requirements and table of qualification for the physicians in recertificación stage. This will be distributed by the Regional Council to the medical bodies and provincial councils. More than 100 copies were printed in black and white for its immediate distribution.

DIFFICULTIES FOUND

- One of the greatest difficulties for the normal works in Pasco, has been the social conflicts arose (Regional Strikes, highways blockades), which forced a reprogramming of activities in the different work levels: Micro-network, Network, DIRESA and Municipality of Villa Rica.
- Another difficulty was the “urgency” summons made by the public institutions (Ministry of Health, Ministry of Economy or the Regional Government) and that coincided with the dates of the project activities programmed. This fact altered the plan compliance of work agreed with the DIRESA.
- The climatic difficulties especially in the city of Cerro de Pasco, prevented the development of work of the Project Team as well as the own workers who travel from Oxapampa or Villa Rica.
- The change of personnel in Villa Rica MR and Oxapampa Network and in a smaller degree in the DIRESA Pasco, which has been demonstrated with greater degree in Villa Rica MR, because even human resources that had been designated and enabled as CDC Tutors no longer are in the zone.

LESSONS LEARNED

The aspects, in our opinion, that contribute to the achievements of objectives are:

- Programming activities in coordination with the different teams from MR, NETWORK, DIRESA and Local Government, allows avoiding interference in the execution of this activities.
- Providing with other managerial tools to the MR NETWORK and DIRESA teams contributes not only to face the problems in the Technical assistance fields, but that they can facet the difficulties of the day to day.
- Fostering and promoting financing of counterpart regional in the execution of the programmed activities, allow the financial sustainability

II.5 CUSCO

Political incidence at Regional Government, Regional Health Council, DIRESA and Local Government level.

This quarter characterized by an incremented interest showed by the DIRESA Cusco about laboral competencies, since last quarter our Cusco management team had decided that the RHUS aspects were geared in those related to the organizational climate.

During the meeting held with Dr. Alberto Caro, Director of the Regional Health in Cusco, he showed his interest to develop with our technical assistance in Quality Management, RHUS Management and CDC-MR, an integrated local work proposal. Dr. Caro considers that this integration is like a model for the process of a municipality with first level of attention in health services. In this sense, the DIRESA has raised several expectations, due to the recent conformed RHUS team, based on RHUS management and Continuous Quality Improvement competencies. Likewise, it is pending the results in the articulation processes with the CDC-MR proposal.

Regarding the Regional Health Council, under the leadership of Dr. Ludgardo Astorga, who was promoting the council reactivation, mainly for its participation in the Regional Concerted National Health Plan. This process was exposed to question of political order among diverse sectors in the region. However, in the workshops and meeting held in May and June with several regional representatives, the Council elaborated a proposal that will be taken to a national workshop at central level summoned by the Ministry of Health.

Finally, during this quarter we had the opportunity, in some places in this region, to encourage the approach between health facilities and local government. This was possible due to the presentation of the results from measurement and elaboration of improvement projects to local authorities, based on quality maternal, perinatal and children standards. This process of approach and concertation initiated will be deeply appreciated in the micro networks of Urubamba and Santo Tomas, chosen by the DIRESA as pilots project to develop the experience of integrated work between quality management, RHUS management and CDC-MR.

RHUS Policies implementation under competencies and quality improvement approach

The Integral Supervision process performed by the MOH in the Cusco DIRESA last June 7 and 8 identified several deficiencies and criteria non-fulfillment, particularly in the human resources area. This situation cause the Health and Quality Management Director, Dr. Julio César Espinoza, as well as, Cusco DIRESA's Director, Dr. Lizbeth Yepez, to propose Dr. Alberto Caro and the Management Team of the DIRESA there was a need to take this issues up again, requesting for that purposes PI's technical assistance. Under those circumstances, the DIRESA requests our TA for the profile identification of the first-care-level competencies, the normalization of labor competencies and the elaboration of tools for evaluating them.

In that context, a new coordination meeting between PI and DIRESA Management Team is held in which the need was stated to discuss not only the RHUS Management issue, but also to debate our proposal for integrated local work gathering in only one set, the Quality Management, RHUS

Management and CDC_MR issues in a determined local field. The DIRESA agreed with the suggested proposal and the discussion resulted in the signing of an agreement as follows:

- To develop the identification and labor competencies normalization as an institutional process (MOH)
- To form a Cusco DIRESA team to lead the process of RHUS policies implementation under its jurisdiction and making it official by means of a Directorial Resolution.
- To elaborate an activities schedule for the identification of competencies, competencies standards design, performance evaluation, etc., will be developed until next September.
- To concentrate the Technical Assistance intervention regarding Continuous Improvement processes, CDC-MR and RHUS in 2 micro-networks in order to obtain results that could be repeated in other networks.

Achievements and/or advances in the competencies identification

The commitment exists from the Cusco DIRESA Management Team to initiate the identification of labor competencies process based on the work performed by the Huanuco region. The challenge is to have the level I-2 competencies profile defined for the month of July. For that purpose, the work teams are being formed leaded by members of the Cusco DIRESA RH Management Committee, which will become official at the beginning of July. We have held two training meetings regarding concepts related to RHUS management focused on competencies, functional analysis methodology and the critical route up to the competencies evaluation.

Achievements and/advances in the NCLs

As a goal in the schedule, we established to count on the NCL of the prioritized competencies units for the month of August. This process will start with the competencies units' prioritization and the training to technical team in the NCL design methodology.

Achievements and/advances in the competencies evaluation

According to the established schedule, we will be working on the prioritized NCL evaluation tools design in September this year.

It is worthy to mention that the Urumbamba and Santo Tomas micro-networks have been defined and confirmed by the DIRESA for the development of integrated activities. Regarding this subject, the schedule of activities for next quarter will show the RHUS, CQI and CDC-MR agreed and integrated activities.

QUALITY MANAGEMENT

Achievements and/advances in the SGC

Taking the Health and Quality Management Director's initiative, the DIRESA Quality Management Team was formed, composed by the Integral Healthcare Direction, the SSR and the Component Child. This team has as main function to monitor and supervise the different quality activities

performed in the regional networks and micro-networks.

We have agreed, also with this team, on the development of coordination meetings on previous days to the visits to networks and micro-networks and after them, not only to improve communication between PI and DIRESA but also to involve DIRESA in its governing role with the quality actions at operational levels.

On the other hand, we have also agreed with the Health and Quality Direction, on the review of the technical document about the implementation of the Quality Management System in the DIRESA. This document, prepared last year with our TA, requires to be updated, especially in those items related to maternal and childcare quality standards and the children standards.

The agreed route takes into account the document revision at a first level by the DIRESA Quality Management Team, to be later presented to the Management Team and General Director, for its approval and subscription of the corresponding resolution.

Achievements and/advances in PCQI, in MR and Hospitals.

This quarter, at the request of DIRESA's General Director, the Health and Quality Management, with the TA from PI organized the WORKSHOP FOR QUALITY IMPROVEMENT IN THE MANAGEMENT PROCESSESS IN THE CUSCO DIRESA AREA, directed to the staff working in the different offices of that institution.

The General Director himself opened this event and emphasized the importance of this event stating that the Direction takes the challenge of improving the care quality of the health centers in the region, starting by developing actions for the management improvement within the same DIRESA offices and units.

In the same manner, he thanked the technical assistance provided by USAID, through Pathfinder International to the region and urged the attending workers to implement the workshop teachings, improving everyday the process and management of the units that are part of DIRESA.

The objective of the workshop was developing workers' knowledge and skills, for the elaboration and implementation of quality improvement projects related with DIRESA management process. The majority of workers attending the workshop remarked the importance of working under a quality focus, committing themselves to develop a proactive attitude for the solution of the different problems presently existing.

Topics developed:

- The Quality Cycle
- How is Quality measured? Standards and Indicators.
- Midwifery and Neonatal functions. Children Functions.
- Main Quality instruments and tools, Problems Identification and Prioritization
- Analysis, Causal, Use of matrix ¿Why? And Problems Tree
- Improvement formulation (Plans and/or Projects)
- Monitoring and Results

In addition, at DIRESA's request, a similar workshop was developed for the micro-networks which are part of the South Network. This network has recently been incorporated to our job, since until last quarter the prioritized networks were North and La Convención Networks. The commitment assumed by the participating micro-networks has been to initiate the measure and project

elaboration on maternal and children standards and accreditation standards, all of them within the frame of the Quality Management System of DIRESA Cusco.

On the other hand, work continued on monitoring and TA for micro-networks of the La Convencion Network and North Network, which show important advances in the generation of a culture of quality, thanks to the continuity in measuring and improvement of several standards.

During monitoring performed in the last three months, we had the opportunity to review the improvement projects elaborated by the micro-networks and some of its centers, and provided TA when needed.

In all cases, the mentioned TA included awareness for health staff, for a better coordination with local authorities in their districts. Micro-networks officers were encouraged to hold meetings with local authorities for the presentation of the measure results and the improvement projects elaborated. These meetings are intended to reach a better comprehension of the districts health problems and a greater involvement and commitment to solve different local health problems.

COMPARATIVE CHART OF ADVANCES MADE BETWEEN FIRST AND SECOND QUARTER 2007

| | Jan-Mar | Apr-Jun |
|--|----------------|----------------|
| Total N° of HCs | 236 | 236 |
| N° of HCs involved | 138 | 203 |
| Total N° of MR | 38 | 38 |
| N° of MR involved | 17 | 32 |
| N° of Hospitals trained in accreditation standards | 2 | 5 |
| N° of MR trained accreditation standards | 0 | 5 |
| N° of HCs trained in maternal perinatal standards | 3 | 19 |
| N° of MR trained in children standards | 3 | 12 |
| N° of MR self-evaluated in accreditation standards | 0 | 1 |
| N° of MR self-evaluated in maternal perinatal standards | 8 | 32 |
| N° of MR self-evaluated in children standards | 0 | 12 |
| N° of MR who have elaborated at least 1 PCQI for accreditation standards | 0 | 0 |
| N° of MR who have elaborated at least 1 PCQI for maternal perinatal standards | 0 | 8 |
| N° of MR who have elaborated at least 1 PCQI for children standards | 0 | 8 |
| N° of MR who have implemented at least 1 PCQI for ratification standards | 0 | 0 |
| N° of MR who have implemented at least 1 PCQI for maternal perinatal standards | 5 | 6 |
| N° de MR who have implemented at least 1 PCQI for children standards | 0 | 4 |

Achievements and/or Advances in Accreditation of SS

During Apr-Jun quarter, in coordination with the Health and Quality Management Direction, we organized the implementation of the Accreditation Technical Standard. The first step taken was the formation of accreditation committees in the micro-networks and selection of health staff for

training as internal evaluators. This process allowed micro-networks to elaborate and some of them to execute their accreditation plan (first self-evaluation) during this quarter.

On the other hand, also in close relationship with the Health and Quality Management Direction of DIRESA and the DECS of MINSA, we have organized and developed training of personnel assigned as internal evaluators by the micro-networks. Even though this training is not official, given that the Directive regulating such internal evaluators formation process has not been published yet, micro-networks are allowed to test and get to know the scope demanded by the accreditation process, specifically regarding process planning and organization.

Up to date, evaluating teams have been trained in the Urubamba, Anta and Alca micro-networks which belong to the North Network; also, in the Maranura and Quellouno micro-networks which belong to the La Convencion Network.

Achievements and/or Advances in LG participation and community in the QCIP

Towards the end of last quarter, a joint meeting was held with the Major of the Local Government and his technical team in Urubamba; the Urubamba Local Educational Management Unit (UGEL, for its initials in Spanish) representative, Professor Mario Quiñónez Meza and the National Police Representative and Chief of the police division Urubamba, Commander PNP Rubén Pantoja Calvo. The aim of this meeting was the presentation of the advances made and difficulties found in the activities implemented by the micro-network Urubamba.

Activities presented are summarized as follows:

- Evaluation of the quality of care provided to pregnant mother and newly born child (FON)
- Evaluation of the quality of care provided to children under 5 years of age according to IMCI standards (FI)
- Elaboration of Quality Improvement Projects, and beginning of the Accreditation process as a key element to guarantee the health system with an approach to continuous improvement.

In addition, the chief of the micro-network, Dr. Freddy Quispe, presented the project for the quality improvement of the record of clinic histories of the health center by means of computerization of those documents-

At the same time, different local representatives stated their agreement to compose objectives and strategies in benefit of the district population, congratulating the micro-network initiative to joint different local actors and promote the interventions for benefit of the population.

Likewise, in the Calca Micro-network, we held a joint meeting with municipal authorities, the officer in charge of the Civil Registry Office, the Milk Glass Program representative, ONG Pro Peru representatives, ONG World Vision and micro-network personnel; among them, Lic. Mariela Quispe, responsible person for the sexual and reproductive health strategy, responsible personnel for integrated care and health promotion, and Dr. Angela Corimanya, Chief of the Calca Network. In the same way as in Urubamba, advances and implemented actions were presented, such as: results of quality evaluations in the maternal perinatal and children care (FON and FIP), and the elaboration of projects for quality improvement in the pregnant mothers care oriented to prevent maternal and perinatal mortality. The response received from authorities was the proposal for efforts unification to improve interventions from the local government as well as from the NGOs.

CDC-MR

As stated in the last quarterly report, one of the work lines that call the attention of Cusco DIRESA was the proposal of the CDC-MR. The initial PI's proposal took into account the Pisac MR. However, when the CDC-MR evaluation standards were applied, this MR did not qualified because it did not have enough professional personnel to assure the FOB during 24 hours of service. On the other hand, the North Network itself, to which Pisac micro-network belongs, was in disagreement with that proposal because there were other networks with greater potentiality to assume this proposal.

In that respect, a coordination series, described before, started with the DIRESA oriented to find a solution to this problem. As a result, we established that a rural CDC-MR and a peri-urban CDC-MR should be implemented as initial pilots. In a technical meeting held afterwards, jointly with DIRESA, North Network and South Network the necessary political agreements were signed for the option of pilot CDC-MRs: for the North Network, Urubamba Micro-network, and for the South Network, the Santo Tomas Micro-network.

Therefore, it is important to remark that preliminary activities for the standards evaluation of the CDC-MR Urubamba have started. These activities were coordinated with the South Network and the Santo Tomas network. Likewise, we have contacted local authorities in Urubamba in order to reach an articulated health work between the micro network and the local government.

It is important to mention that we designed a work schedule, with the participation of the DIRESA networks and micro-networks that included work meetings with the local government and community authorities. For the next quarter, we expect to select both CDC-MR and that they have started working.

DECENTRALIZATION

The rejection position showed by the Regional Government toward decentralization and operation transference that at present the National Government is performing is still on. This position was based on a deep lack of information about this process on the part of regional representatives, and political interests among some representatives. Under this context, the DIRESA does not have too much margin to operate since they have been in the Regional Government position, although they do not share the same position.

DIFFICULTIES FOUND

Through the whole project, we have had the opportunity to observe the lack of work team that exists among several governmental offices and in the MOH regional offices at different levels. The representatives are deeply worried to respond their responsibilities of their positions, without having enough time and neither the space to think strategically about they have to perform in a medium and long term.

Because of this situation, the initiatives that should be analyzed, agreed on and implemented based on a corporative spirit, are not executed or monitored, but under the strict responsibility of the general office involved in this matter.

We have observed in some DIREAS that the lack of leadership and unsuitable selection of directors and representatives made them even opposite elements at the interior of the same management team. Perhaps the lack of a public career does not allow counting with suitable personnel to manage the DIREAS, not only because they are not technically prepared, but also because representatives feel unstable due to the temporality of their positions.

LESSONS LEARNED

The Cusco Regional Office showed supportive during this quarter. This is because the management teams have been aware of and settled down in their positions and the understanding of their weaknesses and limitations. A proof of this is the change of opinion towards the technical assistance requested about Human Resources in Health.

II.6 HEALTH PROMOTION

One of the last activities about Health Promotion was the design of the community health courses syllabus within the development of competencies framework, performed by the Consultant Clara Torres in the regions of Ayacucho, Huanuco, San Martin and Junin according to the following:

Ayacucho region: University of San Cristobal in Huamanga, Nursing Faculty (Nursing Public Health I and II), both in process of implementation.

Huanuco region: Hermilio Valdizan National University, Social Sciences Faculty and Social Communication Professional School, (Communication in Development Subjects) and Midwifery Faculty (Community midwife subject), both in process of implementation.

San Martin region: San Martin National University, Health Sciences Faculty – Nursing School (community nursing subject) and Midwifery School (community midwife subjects I and II) all of them in implementation process.

Junin region: Central National University of Junin, Social Work Faculty – Nursing School where the syllabus design was not possible, since their interest was geared to the curricular design and not to the didactic design, because they were in the curricular design process which did not allowed the requested product.

COMMUNICATION

This component closed their activities in June; therefore attached please find the Communication Final Report. (Annex 5)

II. MONITORING AND EVALUATION

Final report of the Project

A proposal with the final report content will be as follow:

OUTLINE FOR THE PROJECT FINAL REPORT (80 pages, self-explained and simple)

EXECUTIVE SUMMARY

BACKGROUND

Transition from the Catalyst Project to the Cooperative Agreement, whose main objective is to improve Peruvians' Health. Evolution in the implementation of activities at central level to the local government (regional, Distrital and communal)

I. Cooperative Agreement

Project description, workplan and its results. Contribution to the project that trigger the Accreditation, Recertification, Quality Management, Health Information Management, Health Promotion, Communication in Health. Quantitative and qualitative main achievements.

II Project components

Description of the big action lines of the project and their respective activities. Its operational strategy through the structures identification at national, regional and local level.

2.1 Evolution in each component along the project.

2.2 Organizational strategy employed

Approximation ways in each component to national regional and local institutional actors and ways of activities implementation to reach objectives, jointly intervention in two regions focalized through the Management Agreements.

2.3 Strategic Products

Achievement reached in each strategic product and its predictable future impact in the decentralization context:

- Normative Mechanism
- Human Resources
- Quality
- Health Promotion and Health Communication.

2.4 Other strategic products

- Contraceptive security

III. - Management agreement, including CDC-Micro-network

IV. Lessons learned

At global level and by components

V. Pending activities

Next steps to guarantee the sustainability of the created capabilities of the Project.

VI. Conclusions and recommendations

Annexs. Documentary products generated during the project: work plans, partial reports, resolutions, standards, management agreements and others; photography gallery, etc.

Schedule

The following calendar is proposed for the final report delivery

As of August 30: Background and Part I

As of October 30: Report of the rest of the project

November: Edition ready for printing.

December: Final Report Presentation

➤ **Monitoring of the Work Plan as of June, 2007**

Annex 3 shows the advance of activities by project components as of June, 2007.

➤ **Monitoring of the Maternal and children Indicators in two intervened districts.**

• **Junín:**

Within the framework of the Course Workshop of Conceptual Standardization held in La Merced for the Chanchamayo Health Network staff, the results showing the baseline against the San Luis de Shuaro district communal indicators were presented to local authorities (Mayor, ODL officer in charge, and the Health Micro-network Management Committee). The indicators were prepared based on two data sources:

- A survey performed to Rio Seco communities, San Luis de Shuaro Town and Puente Capelo.
- The available family records in the Health Center MR header.

San Luis de Shuaro: Summary of communal indicators

| Indicator | Value |
|---|--------------|
| Housing- related Indicators | |
| Families consuming boiled or water with chloride | 72.5 |
| Families using latrine or drainage & sewer | 28.3 |
| Mother-related Indicators | |
| % of pregnant women with a pre-natal control | 73.0 |
| Indicator | Value |
| % of women having institutional and/or professional partum care | 100.0 |
| % of women in MEF who know their fertile period | 16.8 |
| % of WRA using contraceptive methods, by method type | 63.2 |
| Children-related Indicators | |
| % of children with CRED up-to-date card | 65.6 |
| % of children with required vaccination up to date | 56.3 |
| % of children with a birth certificate | 32.0 |
| % of children registered at the municipality | 78.1 |
| % of children under 6 months receiving exclusive breastfeeding | 96.1 |

Index of deficiencies and other indicators for the San Luis de Shuaro district

| Population Estimates and Projections, 2001 | Value |
|---|-----------|
| 2007 Population | 6,169 |
| 2010 Population | 6,448 |
| Growth Rate (%) | 1.53% |
| % of Children from 0 to 12 years (2005 Census) | 28% |
| FONCODES – 2006 Poverty Mapping | |
| Index of deficiencies 0 : least poor 1 : poorest | 0.5591 |
| Index of deficiencies Quintile 1 : poorest 5 : least poor | 2 |
| % of population without: | |
| Water | 67% |
| Drainage & sewer / latrine | 45% |
| Electricity | 64% |
| United Nations Development Programme (PNUD) - 2005 | |
| Human Development Index. IDH 0 : least developed 1 : most developed | 0.5722 |
| Place of San Luis de Shuaro out of a total of 1,833 districts | 683 |
| Family income per capita (Nuevos soles per month) | S/. 305.8 |
| Adult Illiteracy Rate (15 years and older) INEI - 2005Census | |
| Total | 11% |
| Women | 18% |

| Population Estimates and Projections, 2001 | Value |
|--|--------------|
| Ministry of Education | |
| <i>National Census of School-Age Children Size, 2005</i> | |
| % of undernourished children from 6 to 9 years old | 30% |

The electronic version of the database and of the results report was delivered to local authorities and MR for continuous update based on future measurements that will be performed in the whole district.

▪ **Huanuco:**

Presentation of baseline results of communal indicators for the Amarilis district before local authorities and Amarilis micro-network. In the presence of the Amarilis District Mayor, regents and other local authorities, and also of health authorities, including the Huanuco Health Network Director, the results of the communal indicators were presented, which were collected by visiting home of the San Luis zone in this district and using the Communal Family Workbook especially designed for this purpose.

Political authorities as well as health authorities showed extremely interested in the results and stated that with those evidences they were going to take actions. For example, the Amarilis Mayor's immediate reaction was to hire health personnel to provide services of counseling, education and attention to the adolescents in the area to prevent adolescent early pregnancy that was identified as a serious health problem in his jurisdiction area.

Indicators Summary San Luis, Amarilis

| Indicator | % |
|--|----------|
| Housing-related Indicators | |
| Families consuming boiled or water with chloride | 67.7 |
| Families using latrine or drainage & sewer | 97.5 |
| Mother-related Indicators | |
| % of women who had a child the year previous to the survey | 6.6 |
| % of women presently pregnant | 3.5 |
| % of pregnant adolescents compared to the total pregnant women | 18.1 |
| % of pregnant adolescents compared to the total pregnant adolescents | 2.9 |
| % of pregnant women with a pre-natal control | 78.3 |
| % of women with institutional or professional labor care | 97.2 |
| % of MEF who are aware of their fertile period | 25.0 |
| Children-related Indicators | |
| % of children with CRED updated | 68.0 |
| ○ With weight and size control | 76.5 |
| ○ With required vaccination up to date | 83.7 |
| % of children with required vaccination | 56.7 |
| % of children with a birth certificate | 67.6 |
| | |
| % of children under 6 months receiving exclusive breastfeeding | 98.0 |

We delivered an electronic version of the report. Also technical assistance has been offered to the MR for the installation of small software to handle the collected communal indicators,

its permanent updating and the printing of reports easy to handle and apply for decision making.

The local authority commitment is to expand the use of the communal workbook to other areas of the district in order to have a complete demographic map showing the status of its mother-and-children related indicators and monitor them permanently to see the impact of the continuing this project activities.

➤ **Other M & E activities**

• **Monitoring of Continuous Quality Improvement Projects**

Updating database of the continuous quality improvement projects up to July 2007 in the seven regions.

Summary of CQI Projects, according to quality standards.

| | Total of priority regions | Ayacucho | Cusco | Huánuco | Junín | Pasco | San Martín | Ucayali |
|---|----------------------------------|-----------------|--------------|----------------|--------------|--------------|-------------------|----------------|
| Total of Micro Networks | 195 | 30 | 38 | 29 | 26 | 14 | 43 | 15 |
| Micro networks that had elaborated at least one project. | 121 | 5 | 34 | 27 | 24 | 10 | 15 | 6 |
| Percentage of MR that are currently implementing at least one CQI | 62% | 17% | 90% | 93% | 92% | 71% | 35% | 40% |
| Total of health facilities | 1,728 | 406 | 284 | 234 | 461 | 258 | 355 | 191 |
| Health facilities that have elaborated at least one project | 606 | 23 | 183 | 117 | 208 | 45 | 16 | 14 |
| Health facilities that have elaborated projects following quality standards: | | | | | | | | |
| Fist level | 197 | 2 | 26 | 65 | 74 | 19 | 7 | 4 |
| Primary perinatal and maternal care (FONP) | 400 | 13 | 125 | 87 | 134 | 24 | 7 | 10 |
| Primary infantile (FIP) | 53 | 21 | 4 | 9 | 9 | 8 | 1 | 1 |
| Basic maternal and perinatal (FONB) | 40 | 0 | 32 | 4 | 1 | 1 | 1 | 1 |
| Essential maternal and perinatal (FONE) | 8 | 0 | 4 | 1 | 3 | 0 | 0 | 0 |
| Others (two standards combinations) | 37 | 0 | 0 | 0 | 34 | 3 | 0 | 0 |
| Total of projects by quality standards: | 1,083 | 39 | 235 | 368 | 340 | 62 | 17 | 22 |
| For the first level | 342 | 2 | 27 | 177 | 105 | 19 | 8 | 4 |
| Primary maternal | 571 | 14 | 158 | 168 | 179 | 29 | 7 | 16 |

| | Total of priority regions | Ayacucho | Cusco | Huánuco | Junín | Pasco | San Martín | Ucayali |
|---|---------------------------|----------|-------|---------|-------|-------|------------|---------|
| perinatal (FONP) | | | | | | | | |
| Primary infantile (FIP) | 60 | 23 | 4 | 12 | 9 | 10 | 1 | 1 |
| Basic maternal and perinatal (FONB) | 55 | 0 | 40 | 8 | 4 | 1 | 1 | 1 |
| Essential maternal and perinatal (FONE) | 15 | 0 | 6 | 3 | 6 | 0 | 0 | 0 |
| Others (Combination of two standards) | 40 | 0 | 0 | 0 | 37 | 3 | 0 | 0 |

- Information about collegiate and re-certificated doctors in seven regions**

The following summary was elaborated according to excel database about collegiate and the Certification and Recertification System (SISTCERE) of the Peruvian Medical School,

Total Recertified Physicians ¹

| Prioritized Regions | Total | Before 2005 | 2005 | 2006 | | | 2007 | | |
|---------------------|------------|-------------|-----------|-----------|-------------|--------------|-----------|--------------|-------------|
| | | | | Total | Jan to Jun. | July to Dec. | Total | Jan to March | Apr to June |
| Total | 702 | 563 | 42 | 58 | 32 | 26 | 39 | 22 | 17 |
| Ayacucho | 76 | 64 | 3 | 8 | 6 | 2 | 1 | 1 | 0 |
| Cusco | 235 | 204 | 10 | 17 | 11 | 6 | 4 | 1 | 3 |
| Huanuco | 100 | 87 | 3 | 7 | 1 | 6 | 3 | 2 | 1 |
| Junin | 143 | 101 | 3 | 15 | 5 | 10 | 24 | 12 | 12 |
| Pasco | 3 | 0 | 1 | 1 | 0 | 1 | 1 | 1 | 0 |
| San Martin | 59 | 53 | 3 | 3 | 3 | 0 | 0 | 0 | 0 |
| Ucayali | 86 | 54 | 19 | 7 | 6 | 1 | 6 | 5 | 1 |

Recertified Primary Care Physicians¹

| Prioritized regions | Total | Before 2005 | 2005 | 2006 | | | 2007 | | |
|---------------------|------------|-------------|-----------|-----------|-------------|--------------|-----------|-------------|-------------|
| | | | | Total | Jan to June | July to Dec. | Total | Jan to Mar. | Apr to June |
| Total | 503 | 447 | 28 | 17 | 11 | 6 | 11 | 5 | 6 |
| Ayacucho | 67 | 60 | 3 | 4 | 3 | 1 | 0 | 0 | 0 |
| Cusco | 161 | 149 | 6 | 4 | 3 | 1 | 2 | 0 | 2 |
| Huaucó | 74 | 69 | 0 | 4 | 1 | 3 | 1 | 1 | 0 |
| Junín | 89 | 84 | 1 | 1 | 1 | 0 | 3 | 0 | 3 |
| Pasco | 2 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 |
| San Martín | 49 | 44 | 3 | 2 | 2 | 0 | 0 | 0 | 0 |
| Ucayali | 61 | 41 | 15 | 1 | 1 | 0 | 4 | 3 | 1 |

Total Recertified Specialized Physicians ^{1*}

| Prioritized regions | Total | Before 2005 | 2005 | 2006 | | | 2007 | | |
|---------------------|------------|-------------|-----------|-----------|-------------|--------------|-----------|-------------|-------------|
| | | | | Total | Jan to June | July to Dec. | Total | Jan to Mar. | Apr to June |
| Total | 199 | 116 | 14 | 41 | 21 | 20 | 28 | 17 | 11 |
| Ayacucho | 9 | 4 | 0 | 4 | 3 | 1 | 1 | 1 | 0 |
| Cusco | 74 | 55 | 4 | 13 | 8 | 5 | 2 | 1 | 1 |
| Huánuco | 26 | 18 | 3 | 3 | 0 | 3 | 2 | 1 | 1 |
| Junín | 54 | 17 | 2 | 14 | 4 | 10 | 21 | 12 | 9 |
| Pasco | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| San Martín | 10 | 9 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Ucayali | 25 | 13 | 4 | 6 | 5 | 1 | 2 | 2 | 0 |

Source: SISTCERE: Sistema de Certificación y Recertificación (Certification and Recertification System)

¹ Only last certification of the professional individuals has been taken into account.

* Some professional persons have more than one specialty.

III. ADMINISTRATIVE AND FINANCIAL ISSUES

Quarterly Financial Report:

From April to June 2007, we continued with operational activities, which were accomplished according to the 2007-second quarter work plan.

Financial management watches over the good use of funds to achieve the proposed goals in the deadlines agreed in the Cooperative Agreement with USAID and taking into account the operational activities closing date in the seven regions and the administrative closing period of all the economic and financial operations of the Cooperative Agreement.

- **Registration in the Peruvian Association for International Cooperation (APCI):**

Subscription Renovation:

By means of RD No. 023-2007/APCI-DOC dated 18 June 2007, APCI decided to renew the Pathfinder International subscription in the Registry of International Technical Cooperation Foreign Entities and Institutions – ENIEX, for a two-year period, starting June 18, 2007.

2007 Operational Plan Registry

Through communication received from APCI on May 18, 2007, we were informed that Pathfinder International 2007 Operational Plan is registered in that entity and it is also qualified to be under the tax benefit of IGV Tax Refund for all the 200 financial year.

- **Agreement**

The Ministry of Health signed the Institutional Cooperation agreement between MINSA and Pathfinder International, in the Cooperative Agreement framework CA 527-A-00-04-00109-00. In general, this agreement will contribute to guarantee and improve the health sector services quality, by means of the implementation of the accreditation process with a quality approach focused on the user.

- **Appointment becoming official**

On May 16, 2007, the Board of Directors of Pathfinder International Headquarters officialized the appointment of Dr. Miguel Gutierrez Ramos in the position of Peru Representative. Dr. Gutierrez will also continue in the position of Medical Director in the Cooperative Agreement with USAID.

Quarterly Financial Report:

- We have kept the expenses levels as planned for this second quarter of 2007.
- At the end of this quarterly period, the consultants responsible for the communication area in the seven regions finished their activities, and only one person remained to coordinate these

activities in our Project field. In the same manner the Coordinator and PROMSA support personnel finished their activities.

- This quarter accumulated expenses sum up to US\$ 379,815.00, amount that include organizational overhead costs, our expenses level in technical assistance are within the reasonable range of our financial projections.
- Following established procedures, the Project Director and the whole Coordinators team participate in the budgetary control, in which we achieve criteria unification and awareness of the expenses levels. This policy makes it easy for us to take decisions in order to prioritize activities and maintain projected inversion margins.
- Please find attached the Quarterly financial report.

I.- FINANCIAL REPORT

| Expenses Period: April to June 2007 | April,2007 US\$ | May,2007 US\$ | June,2007 US\$ | Quarter US\$ |
|---|----------------------------|--------------------------|---------------------------|-------------------------|
| ESTABLISH NORMATIVE MECHANISMS | 18,619 | 34,193 | 37,707 | 90,519 |
| 275 - ACREDITACION | 14,105 | 20,654 | 18,698 | 53,457 |
| 276 - ASPEFAM | | | | |
| 277 - ASPEFEEN | 661 | 4,733 | | 5,393 |
| 278 - ASPEFOBST | 794 | 2,312 | 3,248 | 6,355 |
| 279 - MINSA | 1,780 | 3,180 | 240 | 5,200 |
| 280 - GICES | | | 6,471 | 6,471 |
| 281 - CAFME | | | | |
| 282 - CMP | | 556 | 3,064 | 3,620 |
| 283 - CEP | 639 | | 5,987 | 6,626 |
| 284 - COP | | | | |
| 285 - EVALUATION | 640 | 2,757 | | 3,396 |
| UGRADE HEALTH SERVICES IN USAID PRIORITY REGIONS | 56,971 | 60,677 | 69,993 | 187,642 |
| 286 – SERVICES | | | | |
| 289 – QAULITY | 45,798 | 44,283 | 55,634 | 145,715 |
| 285 - EVALUATION | 2,433 | 3,563 | 1,664 | 7,660 |
| 297 – Strategic Management - PRCS Health | 8,740 | 12,831 | 12,696 | 34,267 |
| SUPPORT CONTRACEPTIVE SECURITY | -2,236 | 3 | - | -2,232 |
| 293 - Social Cooperative Responsibility | -2,236 | 3 | | -2,232 |
| DEVELOP COMMUNICATION AND EDUCATION FOR HEALTH PROMOTION | 20,664 | 39,738 | 43,485 | 103,887 |
| 294 - Communication | 10,799 | 22,793 | 29,462 | 63,053 |
| 295 – Healthy Municipalities | 8,253 | 13,169 | 7,981 | 29,404 |
| 285 - EVALUATION | 1,612 | 3,776 | 6,041 | 11,430 |
| Total EXPENSES | 94,018 | 134,611 | 151,185 | 379,815 |

V. ACRÓNIMOS

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| ACLAS | Association of Local Community Health Management System |
| AIEPI | Comprehensive Care of Prevalent Childhood Diseases |
| AMARES | Local NGO |
| APCI | Peruvian Association for International Cooperation |
| ASPEFAM | Peruvian Medical Association |
| ASPEFEEN | Peruvian Nursing Association |
| ASPEFOBST | Peruvian Midwifery Association |
| TA | Technical assistance |
| CA | Cooperative Agreement |
| CAFME | Commission for the Accreditation of Medical Schools and Faculties |
| CCLs | Local Coordination Committees |
| CDC-MS | Regional Center of Development of Competencies of Healthy Municipalities |
| CDCs | Center for Development of Competencies |
| CGD | Development and Management Committee |
| CLAS | Local Community Health Management System |
| CMP | Peruvian Medical School Association |
| CND | National Council of Decentralization |
| CNE | National Council of Education |
| CONEAU | National Council of Evaluation and Accreditation University |
| CONEI | Institutional Educational Council |

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|------------|--|
| COP | Peruvian Midwife Association |
| COTEDI | National District Committee |
| CQIP | Continuous Quality Improvement Projects |
| CTO | Cognizant Technical Officer |
| CRED | Children's growing and development control card |
| CRGDS | Management and Development Committee of the Regional Direction of Health |
| CRS | Regional Health Council |
| CRSJ | Junin Regional Health Council |
| CS | Council of Health |
| CTO | Cognizant Technical Officer |
| CTR | Regional Technical Committee |
| CTRGC | Regional Technical Committees in Management and Quality |
| DAC | Direction of Integral Attention in Health |
| DAIS | Direction of Integral Health Attention |
| DECS | Executive Direction of Quality in Health |
| DGSP | People's General Health Office |
| DIGEMID | Medicaments, supplies and Drugs General Office |
| DIGEPROMSA | General Direction of Health Promotion |
| DIRESA | Regional Office of Health |
| EE.SS | Health Facilities |
| EESR | Sexual and Reproductive Strategy |
| EGES | Strategical Management Health Team |

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|------------|--|
| ENAE | National Nursing Test |
| ENAM | Medical National Exam |
| EPS | Permanent Health Education |
| EsSalud | National Peruvian Hospital |
| ETGC | Technical Teams for Quality Assurance |
| ETL | Local Technical Teams |
| FODA | Strength, Opportunities, Weaknesses and Threats |
| FON | Neonatal Obstetric Functions |
| FONB | Basic Obstetric and Neonatal Functions |
| FONE | Essential Obstetric and Neonatal Functions |
| FONP | Primary Obstetric Neonatal and Perinatal Functions |
| FORO SALUD | Local NGO |
| GDS | Social and Development Management |
| GICES | Initiatives for Quality in Higher Education Group |
| GR | Regional Government |
| HPI | Health Policy Initiatives - Local NGO |
| IDREH | Human Resources Development Institute |
| IEPSyD. | Educative Institution for Health Promotion and Development |
| IES | Educative Institutions |
| JVC | Neighborhood Community Assembly |
| Juntos | Local NGO |
| MAIS | Model of Integral Health Attention |

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|----------|---|
| CQI | Continuous Quality Improvement |
| MEF | Women in fertile age |
| MINED | MOE – Ministry of Education |
| MINSA | MOH – Ministry of Health |
| MP | Maternal and Perinatal |
| MR | Micro-network |
| MSH | Local NGO |
| MT | Thematic Table |
| MUNIRED | Network of Rural Municipalities |
| NCL | Labor competence norms |
| ODL/ETL | Local Development Offices – Local District Technical Team |
| OGGRH | Management General Office in Human Resources |
| OLSI | Office of local Insurance for Integral Health |
| OPI | Investment Projects Office |
| OPS | Panamerican Health Organization |
| PAC | Annual Training Plan |
| PAE | Annual Education Plan |
| PARSALUD | Local NGO |
| PDA | Alternative development Project |
| PDI | Local NGO |
| PECO | Continuous Education Program |
| PI | Pathfinder International |

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|--------------|--|
| PCQI or CQIP | Continuous Quality Improvement Project |
| PRAES | Local NGO |
| PRCS | Regional Concerted Health Plan |
| PRISMA | Local NGO |
| PRODES | Local NGO |
| PROMSA | Health Promotion |
| PS | Health center |
| PUCP | Peruvian Catholic University |
| RG | Regional Government |
| RHUS | Human Resources in Health |
| RN | Newborn |
| SECORE | Secretary's Regional Coordination Office |
| SINADEPRO | National System for the professional development of Midwives |
| SINEACE | National System of Evaluation, Accreditation and Certification of the Education with Quality |
| SIP 2000 | Perinatal Informatics System |
| SIPA | Local NGO |
| SIS | Integral Health Insurance |
| SNIP | National System of Public Investment |
| SISTCERE | Certification and Recertification System |
| TA | Technical assistance |
| UGEL | Local Educational Management Unit |
| UNCP | Peruvian Central National University |

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| UNDP | United Nations Development Programme |
| UNHEVAL | Peruvian University Hermilio Valdizan |
| USAID | United States Agency for International Development |
| USCH | Universidad San Cristóbal de Huamanga |

VI ANNEXES

| Annex N° | Description |
|----------|--|
| Annex 1 | Consolidated of Advance in the implementation of the Strategy “Center for Development of Competencies” at micronetworks level (CDC-MR) |
| Annex 2 | Chart showing Trained People and Organizations – April, May and June 2007 |
| Annex 3 | Advance of activities by Project component, to March 2007 – Monitoring and Evaluation |
| Annex 4 | RD N° 272-07-GR-HCO-DRS-DG-OEGDRH-DESP dated 30 May 2007. |
| Annex 5 | Reports from Communicators by regions. |